

Exhibit F

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

REFERRAL ORDER

Authorizing Provider:	Guy Kelly PA	Service Provider:	CHS
Auth Provider NPI:	1003970005		
Signing Provider:	Guy Kelly PA		
Phone:		Phone:	
Fax:		Fax:	
Patient Name:	PETER RODRIGUEZ	DOB:	Nov 06, 1990
Home Phone:		Sex:	Male
Work Phone:		Cell Phone:	
Resp. Provider:		Age:	31
		SSN:	
		Patient ID:	23447
Primary Ins:		Secondary Ins:	
Group:		Group:	
Policy:		Policy:	
Insured ID:		Insured ID:	

Code

CHRONICFOLLOW

DescriptionMedical Order - Chronic Care
Follow-up**Diagnoses**

ASTHMA (ICD-J45.909)

Order Number:

1247397-1

Quantity: 1**Authorization #:****Priority:****Start Date:** 12/14/2021**End Date:** 02/12/2041**Electronically signed by:** Guy Kelly PA**Signed on:** 11/20/2021 4:25:49 PM**Instructions:** post neb tx



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

MED - Security Considerations

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **31 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **3D**

Magnetometer Alert

Restraint Modifications

Previous Restraint Modifications:

No chemical agents, No stun shield (11/22/2021 9:46:37 AM)

Restraint Modifications (during this update): No chemical agents

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **31 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **3D**

MED - Indirect Encounter Note

Reason: **DOC request contras** no chemical agent, ok stunn shield

Note: **no chemical agent,** ok stunn shield

New Rx, New Orders, New Allergies, New Problems

Date and Time Encounter Created: December 10, 2021 11:34 AM

Signed By: Schwaner, Thomas at 12/10/2021 3:36:29 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
NIC

MH - Psychiatry - Medication Reevaluation

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **31 Years Old**
BooknCase #: **3491603090** NYSID: **09839298P**
Facility: **NIC** Housing Area: **3D**

Type of Visit

Type of Visit: **In Person**

Interval History

Events since last psychiatric encounter (include facility transfers or changes in level of care, court updates, functioning on the unit, lock-in status, medical events, recent self-injury or violence): **31 year old Hispanic male being seen for med eval follow up due to pt being referred by MH clinician due to his request to be restarted back on psychiatric medications due to him feeling paranoid about others poisoning his food. Pt states "Miss I am stressing because I feel paranoid that someone would poison my food or pour bleach in it and then be like laughing about it afterwards." Pt reports that he is unaware why his MH meds were stopped and he needed them back. Pt at this time pt reminded that on 12/22/20 it was this writer who had discontinued Remeron 15 mg by mouth at bedtime and Buspirone 10 mg by mouth twice a day at his request, him reporting he no longer needed these meds and due to decreased medication compliance. Pt reports that he has been feeling depressed and stressed out, anxious and restless. Pt expressed concern that he does not wish to be on prior dose of Remeron 15 mg by mouth at bedtime due to fear of weight gain and was offered and accepted to be started on Remeron 7.5 mg by mouth at bedtime instead.**

Recent symptoms and treatment response (include relevant symptoms/pertinent negatives, recent medication changes, clinical response, and potential side effects from the medication regimen):

Denies auditory or visual hallucinations, suicidality or homicidality currently.

Current medications: **BUSPIRONE HCL 10 MG (BUSPAR 10 MG) (BUSPIRONE HCL) 10 mg by mouth twice a day; Route: ORAL**

MIRTAZAPINE 7.5 MG (REMERON 7.5 MG) (MIRTAZAPINE) 7.5 mg by mouth at bedtime; Route: ORAL

OMEPRAZOLE 20 MG (PRILOSEC 20 MG) (OMEPRAZOLE) 20mg by mouth daily (In AM); Route: ORAL

TRIAMCINOLONE 0.1% OINT 80 GM (TRIAMCINOLONE ACETONIDE) QS topical to affected area twice a day; Route: EXTERNAL

FLUTICASONE/SALMETEROL 250-50 MCG (ADVAIR DISKUS 250-50 (FLUTICASONE-SALMETEROL) 1 puff BID; Route: INHALATION

ALBUTEROL 90 MCG / 1 INH (VENTOLIN / PROVENTIL HFA 90 MCG / (ALBUTEROL SULFATE) 2 puffs by mouth q6hrs prn; Route: INHALATION

Medication Compliance

List every psychiatric medication being prescribed and percent compliance since last psychiatric encounter: **N/A - pt not currently on psychiatric medication**

Mental Status

Orientation: **Fully oriented**

Appearance: **Chronological Age, Well Groomed, Well Dressed**



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

Behavior: **Cooperative, Relates Well, Good Eye Contact**

Activity: **No Abnormal Movements**

Speech: **Normal Rate, Clear Articulation**

Language: **No abnormalities observed**

Concentration: **Adequate**

Mood (use patient's own words to describe current feeling state): **"Miss I am stressing because I feel paranoid that someone would poison my food or pour bleach in it and then be like laughing about it afterwards."**

Affect: **Appropriate, Full Range**

Impulse control: **Adequate**

Thought process: **Spontaneous, Organized**

Thought content: **No Abnormalities Observed**

Perceptual disturbance: **No Perceptual Distortions**

Memory: **No Memory Impairment**

Suicidal: **No Thoughts of Suicide**

Homicidal: **No Homicidal Thoughts**

Judgement: **Adequate**

Insight: **Aware Accepts Treatment**

Suicide Risk Assessment Since Last Visit

1. Since the last visit, have you wished you were dead or wished you could go to sleep and not wake up? (Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.) **No**
2. Since the last visit, have you actually had any thoughts of killing yourself? **No**
6. Since the last visit, have you done anything, started to do anything, or prepared to do anything to end your life? **No**

Formulation

Identifying information and brief summary of relevant history (including diagnoses, hospitalizations, self-harm, violence): **31 year old Hispanic Male with primary MH dx of Adjustment disorder with disturbance of conduct with no acute psychosis and currently not a threat to self or others. Pt appears restless and anxious but is otherwise euthymic in mood, well groomed and dressed, answers questions readily and appears motivated to continue MH tx and to be restarted on MH medications.**

Recent treatment course (including status of current symptoms related to diagnoses, discussion of differential diagnoses, treatment goals and risk evaluation. If you recommend changes to the diagnoses, please explain here and discuss with treatment team): **Pt will be restarted on Buspirone 10 mg by mouth twice a day for anxiety and Mirtazapine 7.5 mg by mouth at bedtime for c/o depression as he reports them to be effective and appears currently stable on them. Importance of medication compliance and potential side effects discussed with pt. Dispo will continue to be MO housing**



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
NIC

MH clinician and Psych follow up.

MH Primary Diagnosis #1: **Adjustment disorder with disturbance of conduct (ICD-309.3) (ICD10-F43.24)**

Additional MH & SU Diagnosis #2: **Antisocial personality disorder**

Additional MH & SU Diagnosis #3: **Alcohol abuse - uncomplicated**

Additional MH & SU Diagnosis #4: **Cocaine dependence - uncomplicated**

Plan:

Psychiatric medications (For each medication include indication and describe any changes): **Start**

Bupirone 10 mg by mouth twice a day for anxiety

Start Mirtazapine 7.5 mg by mouth at bedtime for depression

Continue Psychotherapy

Patient educated on potential side effects of proposed medication? **Yes**

Please describe side effects of medication: **ANTIDEPRESSANTS**

- **Nausea and vomiting**
- **Weight gain**
- **Diarrhea**
- **Sleepiness**
- **Sexual problems**
- **Thoughts about suicide or dying**
- **Attempts to commit suicide**
- **New or worsening depression**
- **New or worsening anxiety**
- **Feeling very agitated or restless**
- **Panic attacks**
- **Trouble sleeping (insomnia)**
- **New or worsening irritability**
- **Acting aggressively, being angry, or violent**
- **Acting on dangerous impulses**
- **An extreme increase in activity and talking (mania)**
- **Other unusual changes in behavior or mood**

BUSPAR

Dizziness

Headaches

- **Nausea**
- **Nervousness**
- **Lightheadedness**
- **Excitement**
- **Trouble sleeping**

Relevant medical issues (consider seizure disorder, HIV, TBI, metabolic or cardiovascular disease):

ASTHMA

HTN

Next psychiatric visit: **F/U in 7 days**



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

Disposition/Level of Care

Disposition/Level of Care? **GP with MH Follow-up Clinician/Psychiatrist**

Date and Time Encounter Created: December 8, 2021 2:40 PM

Signed By: Walcott, Dawn at 12/8/2021 3:41:48 PM

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

REFERRAL ORDER

Authorizing Provider:	Thomas Schwaner PA	Service Provider:	CHS
Auth Provider NPI:	1588895247		
Signing Provider:	Thomas Schwaner PA		
Phone:		Phone:	
Fax:		Fax:	
Patient Name:	PETER RODRIGUEZ	DOB:	Nov 06, 1990
Home Phone:		Sex:	Male
Work Phone:		Cell Phone:	
Resp. Provider:		Age:	31
		SSN:	
		Patient ID:	23447
Primary Ins:		Secondary Ins:	
Group:		Group:	
Policy:		Policy:	
Insured ID:		Insured ID:	

Code	Description	Diagnoses
OPTO	Referral - Optometry	REFRACTIVE ERROR - OU (ICD-H52.7)
Order Number:	1021644-2	Quantity: 1
Authorization #:		Priority:
Start Date:	06/15/2021	End Date: 08/14/2040
Electronically signed by:	Thomas Schwaner PA	Signed on: 6/10/2021 2:03:38 PM
Instructions:	30 year old M with refractive error with recent perscription glasses (Rikers) but broken eye glass frames Evaluation and management Thanks	



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

INJURY REPORT FY 21 -1222.

Imported By: Amado Toledo Med Rcrds 6/18/2021 11:28:57 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Toledo, Amado at 6/18/2021 11:29:01 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

fish derived (Moderate)

lactose (Moderate)

Assessment:

Problem # 1:

Dental disorder (ICD-525.9) (ICD10-K08.9)

30 year old M Request dental referral (lost mouth guard hx of grinding teeth) r/o dental carried

Evaluation and management

Problem # 2:

Refractive error - OU (ICD-367.9) (ICD10-H52.7) - New Problem

30 year old M with refractive error with recent prescription glasses (Rikers) but broken eye glass frames Evaluation and management Thanks

Summary:

Added new problem of Refractive error - OU (ICD-367.9) (ICD10-H52.7) - Signed

Added new Referral order of Referral - Dental (DENTAL) - Signed

Added new Referral order of Referral - Optometry (OPTO) - Signed

Added new medication of CHLORHEXIDINE GLUC 0.12% RINSE 120 ML (PERIDEX 0.12% RINSE (CHLORHEXIDINE GLUCONATE) 15 ml swish and spit bid; Route: MOUTH/THROAT - Signed

Rx of CHLORHEXIDINE GLUC 0.12% RINSE 120 ML (PERIDEX 0.12% RINSE (CHLORHEXIDINE GLUCONATE) 15 ml swish and spit bid; Route: MOUTH/THROAT #1 x 0; Signed; Entered by: Thomas Schwaner PA; Authorized by: Thomas Schwaner PA; Method used: Handwritten; Note to Pharmacy: Route: MOUTH/THROAT;

Signed By: Schwaner, Thomas at 6/10/2021 3:59:10 PM

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

REFERRAL ORDER

Authorizing Provider: Ruth Hai MD**Auth Provider NPI:** 1447660352**Signing Provider:** Ruth Hai MD**Phone:****Fax:****Service Provider:** CHS**Phone:****Fax:****Patient Name:** PETER RODRIGUEZ**Home Phone:****Work Phone:****Resp. Provider:****DOB:** Nov 06, 1990**Sex:** Male**Cell Phone:****Age:** 31**SSN:****Patient ID:** 23447**Primary Ins:****Group:****Policy:****Insured ID:****Secondary Ins:****Group:****Policy:****Insured ID:****Code**

OPTO

Description

Referral - Optometry

Order Number:

707050-1

Authorization #:**Start Date:**

04/13/2021

Electronically signed by: Ruth Hai MD**Instructions:**

reports L. eye blurry vision x 2 weeks

Diagnoses

VISION CHANGES (ICD-H53.9)

Quantity: 1**Priority:****End Date:** 06/12/2040**Signed on:** 11/10/2020 10:49:19 AM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MED - Indirect Encounter Note

Reason: **Bing round**

Note: **Patient was seen during rounds to today. Patients had no complaint. Deny any hunger, thirst, and were resting comfortable. Patient were awake, alert and oriented. No acute distress. Well developed, hydrated and nourished. Appears stated age. Patients had appropriate mood. Good judgement and insight. No suicidal or homicidal ideation.**

New Rx, New Orders, New Allergies, New Problems

New Rx:

RENU MULTIPURPOSE SOLUTION 118 ML SOLN (SOFT LENS PRODUCTS) slack lance in solution daily #1 x 0

Entered and Authorized by: Iosif Shpits MD
Electronically signed by: Iosif Shpits MD on 02/18/2021
Method used: Handwritten
Indications: BLURRED VISION
RxID: 1929258052799700

New Problems:

Fitting/adjustment, glasses/contact lenses (ICD-V53.1) (ICD10-Z46.0)

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Allergy Review

* **CARROT (Critical)**
FISH DERIVED (FLAVORING AGENT) (Critical)
Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)
Poultry (Moderate)
fish derived (Moderate)
lactose (Moderate)

Assessment:

Problem # 1:

Fitting/adjustment - glasses/contact lenses (ICD-V53.1) (ICD10-Z46.0) - New Problem

Summary:

Added new problem of Fitting/adjustment, glasses/contact lenses (ICD-V53.1) (ICD10-Z46.0) - Signed

Added new medication of RENU MULTIPURPOSE SOLUTION 118 ML SOLN (SOFT LENS PRODUCTS) slack lance in solution daily Indications: BLURRED VISION - Signed
Changed medication from RENU MULTIPURPOSE SOLUTION 118 ML SOLN (SOFT LENS PRODUCTS) slack lance in solution daily Indications: BLURRED VISION to RENU MULTIPURPOSE SOLUTION 118 ML SOLN (SOFT LENS PRODUCTS) slack lance in solution daily; Route: OTIC Indications:



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

FITTING/ADJUSTMENT, GLASSES/CONTACT LENSES - Signed

Rx of RENU MULTIPURPOSE SOLUTION 118 ML SOLN (SOFT LENS PRODUCTS) slack lance in solution daily; #1 x 0; Signed; Entered by: Iosif Shpits MD; Authorized by: Iosif Shpits MD; Method used: Handwritten

Signed By: Shpits, Iosif at 2/18/2021 4:27:50 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MED - Special Considerations

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Special Considerations

Security Considerations? Yes

MED - Security Considerations

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Magnetometer Alert

Restraint Modifications

Previous Restraint Modifications:

Front cuff only, Allow access to self administered medication, No chemical agents, No Rear Cuff
(12/26/2020 10:18:32 AM)

Restraint Modifications (during this update): No chemical agents, No stun shield

Contraindications: EMR reviewed. Contraindications requested by DOC ESU team at 9th South MDC..... As per CHER(EMR) review and medical diagnosis, this client has documented contraindications for Category A or B. DOC notified.

Signed By: Mejia, Franklin at 1/28/2021 2:41:57 PM

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

REFERRAL ORDER

Authorizing Provider:	Iosif Shpits MD	Service Provider:	CHS
Auth Provider NPI:	1962781104		
Signing Provider:	Iosif Shpits MD		
Phone:		Phone:	
Fax:		Fax:	
Patient Name:	PETER RODRIGUEZ	DOB:	Nov 06, 1990
Home Phone:		Sex:	Male
Work Phone:		Cell Phone:	
Resp. Provider:		Age:	31
		SSN:	
		Patient ID:	23447
Primary Ins:		Secondary Ins:	
Group:		Group:	
Policy:		Policy:	
Insured ID:		Insured ID:	

Code	Description	Diagnoses
OPTO	Referral - Optometry	BLURRED VISION (ICD-H53.8)
Order Number:	820491-1	Quantity: 1
Authorization #:		Priority:
Start Date:	01/27/2021	End Date: 03/28/2040
Electronically signed by:	Iosif Shpits MD	Signed on: 1/27/2021 6:18:27 PM
Instructions:	Patient need to see pptometry he has blurry vision	



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
GRVC

MH - Suicide Watch Rounds Progress Note

Patient:
PETER RODRIGUEZ
DOB:
11/06/1990
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
GRVC
Housing Area:
13B

Type of Visit

Type of Visit: Cellside Encounter
Locked In: Yes

Subjective

Subjective: In 3-point on route to the Mini Clinic Pt. spoke easily, his mood less spirited than the week before, but available, his words carefully measured but expressive and responsive as before. Asking why he was in 3-point he said to see medical for a medical concern. Seeing the medical visit note recently written in his chart on return to the Clinic, he'll be seeing x-ray for his self-report of accidental ingestion of glass. Not hinted at to this writer during this watch visit it seems in line with his saying to this writer, today, he should not, as per corrections policy, be in RHU due to "Bipolar d/o, severe depression and personality d/o", all "serious Mental illness", he said. Also, asthma was to have legally keep him out of the bing, as should have his suicidal hx. His attorney, Pt said, had been asking Rikers to transfer him out of the bing. Thinking his dx not exactly what he disclosed, and thinking it did not preclude bing housing Pt debated it slightly, but seemed to take this in for thought, calm, never irritated, just quick to counter each response. He also accepted opposing thoughts on suicide excluding bing housing if goal directed to avoid this or other housing. Clinician aware of the difficult week he had, Pt. asked her, as he had weekday staff, to note how it affected him still, the incident of the year before, how during the day he could keep his thoughts elsewhere, but at night, his nightmares relived the event of sexual inappropriateness visited on him, describing the incident a little differently than reported by DOC. Pt. otherwise did not say too much, his focus on the relative nearness to the date of that assault, and effects he still suffered, days, but significantly nights, his nightmares still vivid.

DOC Staff/SPA Observation Report

Name of Correction Officer: Chambers
Badge Number: 7198
Start Date of Suicide Watch: 12/20/2020
Number of Days on Suicide Watch: 20
Tour: Day

Observed Behavior



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

GRVC

Observed behavior: Pt's mood slightly agitated but calm superimposed, available, focused, stressed over the near anniversary of the incident causing flashbacks and nightmares as he awaited medical assessment of his recent (report of) accidental ingestion of glass pieces. Pt did not mention this to this writer; it is seen in recent medical notes.

Mental Status

Orientation: Fully oriented

Appearance: Chronological Age, Normal Weight, Well Groomed

Behavior: Cooperative, Relates Well, Accessible, Good Eye Contact

Activity: No Abnormal Movements

Speech: Normal Rate, Low, Clear Articulation

Language: No abnormalities observed

Concentration: Adequate

Affect: Appropriate, Full Range

Impulse control: Adequate

Impulse control notes: at this moment. The cause of his reported accidental ingestion of pieces of glass is not known at this time.

Thought process: Spontaneous, Organized, Relevant, Goal Directed

Thought content: No Abnormalities Observed

Perceptual disturbance: No Perceptual Distortions

Memory: Unable to assess

Suicidal: Unable to assess

Homicidal: No Homicidal Thoughts

Homicidal notes: at the moment, but hx significant for this

Judgement: Unable to assess

Judgement notes: given his report to medical of "accidentally" ingesting glass pieces shortly before

Insight: Unable to assess

Insight notes: Pt. had seemed to be responding to treatment, but this recent ingestion of glass raises questions again.

Risk Assessment

Please describe: neither endorsed nor denied, but the sense was that if asked, he likely would have endorsed SI

Risk factors: Previous suicide attempt

Protective Factors: Other

Please describe other protective factors: watch

Have you tried to hurt yourself in the past? Yes

Method, precipitant: Hanging

Please describe if date specifics are known:: 12-20-2020

Lethality of attempts: High

Medical attention required: Yes

Disposition/Level of Care

Diagnoses at this visit: Adjustment disorder with disturbance of conduct (ICD-309.3) (ICD10-F43.24)
Antisocial personality disorder

Disposition/Level of Care? MO Housing-Suicide Watch

Suicide Watch to Continue: Yes



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

GRVC

Signed By: Fair, Marta at 1/9/2021 1:23:32 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

WF

INJURY 1531

Imported By: Ajele Bowers 12/22/2020 8:26:18 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Bowers, Ajele at 12/22/2020 8:26:30 AM



CORRECTION DEPARTMENT CITY OF NEW YORK



INJURY TO INMATE REPORT

 Page 1
of
2 Pages

 Form: 167R-A
Rev.: 10/3/19
Ref.: Dir. 4516R-D

INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed Investigation to Security.

Command: <u>MDC</u>	Date: <u>12/19/20</u>	COD/UOF #:	Injury #: <u>1531</u>
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TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).

Inmate Name (Last Name, First Name): <u>Rodriguez, Peter</u>
--

Location Where Injury Occurred: <u>9 South</u>	Inmate's Housing Area: <u>9 South</u>	NYSID #: <u>09839298P</u>	Book & Case/Sentence #: <u>3491603090</u>
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Details:

On Saturday December 19, 20 at approximately 0215 hrs
inmate Rodriguez, Peter b/c 3491603090 NYSID 09839298P
did a self injurious behavior.

Supervisor Notified (Print Last Name, First Name, Rank, Shield #): <u>Captain Bethelamy</u>	Date: <u>12/19/20</u>	Time: <u>0217</u> Hrs.
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Employee: I <input checked="" type="checkbox"/> (Did) <input type="checkbox"/> (Did Not) Witness This Injury.	Employee Full Name (print): <u>Saryian</u>	Employee Signature: <u>Saryian</u>	Rank/Title: <u>CO</u>	Shield/ID#: <u>10981</u>
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TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)

Date of Injury: <u>12/19/20</u>	Reported for Medical Attention: Date <u>12/19/2020</u> <u>1805</u> Hrs.	Inmate Refused Medical Attention: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Visible Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------	---	---	---

<p>Nature/Reported Mechanism of Injury:</p> <p><u>pt was seen by medical team - nursing</u> <u>in emergency room today at 2230 hrs for</u> <u>attempted suicide - when some blood was seen</u> <u>on facial area. He was sent to Bellevue</u> <u>hospital where some observation was made</u> <u>now - pt refused to be seen. No visible</u> <u>injury on facial area by inspection</u></p> <p>Serious Injuries confirmed during initial evaluation (Select "Pending - Requires Further Evaluation" if additional testing / imaging / follow-up needed):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Laceration requiring sutures, staples or glue (e.g. dermabond)</td> <td><input type="checkbox"/> Fracture</td> <td><input type="checkbox"/> Clinical Nasal Fracture</td> </tr> <tr> <td><input type="checkbox"/> Dislocation</td> <td><input type="checkbox"/> Tendon Tear</td> <td><input type="checkbox"/> Amputation</td> </tr> <tr> <td><input type="checkbox"/> Structural injury to organ (e.g. corneal abrasion, hepatic laceration)</td> <td><input type="checkbox"/> Post-concussive syndrome or head injury requiring imaging such as CT or MRI</td> <td><input type="checkbox"/> Blistering burn involving the face or >9% of total body surface area</td> </tr> </table> <p><input checked="" type="checkbox"/> NO SERIOUS INJURY</p> <p><input type="checkbox"/> Pending - Requires Further Evaluation</p> <p>Treatment: <u>Suicidal attempt</u> <u>Hospital recommended suicidal</u> <u>observation. pt sent to CTI stat</u></p>	<input type="checkbox"/> Laceration requiring sutures, staples or glue (e.g. dermabond)	<input type="checkbox"/> Fracture	<input type="checkbox"/> Clinical Nasal Fracture	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Tendon Tear	<input type="checkbox"/> Amputation	<input type="checkbox"/> Structural injury to organ (e.g. corneal abrasion, hepatic laceration)	<input type="checkbox"/> Post-concussive syndrome or head injury requiring imaging such as CT or MRI	<input type="checkbox"/> Blistering burn involving the face or >9% of total body surface area	<p>Medical Staff Must Note Location of Injury:</p> <div style="text-align: center;"> </div>
<input type="checkbox"/> Laceration requiring sutures, staples or glue (e.g. dermabond)	<input type="checkbox"/> Fracture	<input type="checkbox"/> Clinical Nasal Fracture								
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Tendon Tear	<input type="checkbox"/> Amputation								
<input type="checkbox"/> Structural injury to organ (e.g. corneal abrasion, hepatic laceration)	<input type="checkbox"/> Post-concussive syndrome or head injury requiring imaging such as CT or MRI	<input type="checkbox"/> Blistering burn involving the face or >9% of total body surface area								

 Disposition and Transportation Requirements (If applicable):
 Please check which apply

<input type="checkbox"/> Urgicare / X-Ray	<input type="checkbox"/> Hospital Transfer:	<input type="checkbox"/> EMS	<input type="checkbox"/> Intra-Departmental Transfer
<input type="checkbox"/> None / Return to Housing Area			

Initially Triaged/Treated By/Examined By (Print and Sign Full Name): <u>refused to sign</u>	Date: <u>12/19/20</u>	Time: <u>1809</u> Hrs
---	-----------------------	-----------------------

I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:

Inmate Signature: <u>Refused to sign</u>	B&C / Sentence #: <u>3491603090</u>	Date: <u>12/19/20</u>
Witnessed By (Signature): <u>[Signature]</u>	Rank/Title: <u>CO</u>	Shield / I.D. #: <u>17099</u>

DEF 003531



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

AMKC

MENTAL HEALTH- DOC REFERRAL



Imported By: Opal Bracy Med Rcrds 12/21/2020 12:24:03 PM

External Attachment:

Type: Image

Comment: External Document

Signed By: Bracy, Opal at 12/21/2020 12:24:30 PM

	CORRECTION DEPARTMENT CITY OF NEW YORK		
REFERRAL OF INMATES TO MENTAL HEALTH SERVICES		Side 1 of 2	FORM NO. 4018R EFF. 04/08/99 REF. DIR. 4018R
Inmate's Name: <i>Andrews, Peter</i>	Book and Case Number: <i>3491603090</i>	Location: <i>7 South</i>	Date: <i>12/19/20</i>
Name/Shield Number of Reporting Officer: <i>Sargian CO 10981</i>		Name/Shield Number of Supervisor Notified: <i>Bethelamy Captain 1824</i>	
<u>BEHAVIORAL CHECKLIST</u>			
<p>Listed below are some of the behavioral traits that may indicate a need for Mental Health referral. (Circle the appropriate item[s]).</p> <ol style="list-style-type: none"> 1. Showing radical changes in behavior; <input checked="" type="checkbox"/> 2. Expressing a desire to commit suicide and/or attempting suicide; <input checked="" type="checkbox"/> 3. Planning to inflict bodily harm, attempting or actually carrying out the act. (This may be expressed verbally or through written communication); 4. Unable to sleep, particularly at night, awakening at odd hours of the early morning and brooding; 5. Arranging personal belongings in order, after habitual disorder; 6. Any signs indicating a trip is being planned e.g., packing personal belongings, discussing travel arrangements etc., when such a trip is not feasible; 7. Giving away valued possessions, e.g., wearing apparel, books, pictures, cigarettes, commissary, etc.; 8. Continually refusing to lock-out during lock-out periods; <input checked="" type="checkbox"/> 9. Hiding or attempting to hide, from view of the correction officer/observation aide; 10. Appearing to be talking to someone when, in fact, no one is present; 11. Frequent displays of shouting, crying and/or screaming; 12. Attempting to inflict self injury by banging parts of the body against the walls or fixtures; 13. Complaining of ailments(s), illness(es) and/or disease(s) that are nonexistent; 14. Expressing a belief that there are plots or plans against personal safety; believing that someone or everyone is watching, talking, spying or acting suspiciously; 15. Having hallucinations/delusions (seeing objects or hearing voices that do not exist); 16. Unusual loss of memory; 17. Showing poor personal hygiene or appearance, doesn't shave, wash or change clothes, etc.; 18. Exhibiting strong feelings of guilt; 19. Being depressed; 20. Constantly fighting and arguing with other inmates; 21. Being alarmed (frightened) or in a state of panic; 22. Any unusual action or behavior that should be brought to the attention of the Mental Health Staff. <p>Other: (explain) _____</p> <p>_____</p> <p>_____</p>			
<u>SUPERVISING OFFICER'S ASSESSMENT AND RECOMMENDATION</u>			
<div style="font-size: 2em; font-weight: bold; margin-left: 50px;">STAT</div>			
Supervisor's Name: <i>Bethelamy</i>		Shield Number: <i>1824</i>	Date: <i>12/19/20</i>

Response From Mental Health Services On Reverse Side

DEF 003533



CORRECTION DEPARTMENT CITY OF NEW YORK



REFERRAL OF INMATES TO MENTAL HEALTH SERVICES

Side
2 of 2

FORM NO. 4018R
EFF. 04/08/99
REF. DIR. 4018R

Inmate's Name:

Peter Rodriguez

Number:

349-16-03090

SUMMARY OF MENTAL HEALTH EVALUATION/RECOMMENDATION

1. REASON FOR REFERRAL: _____

#2,

#3, #9

2. RELEVANT FINDINGS: (include potential for suicidal and/or violent behavior) _____

*12/20- Pt. is currently with a ESO officer
He is being sent to C71*

3. RECOMMENDATIONS: (include special housing needs and precautions as needed) _____

12/20 - Pt. sent to C71 ESO Suicide Watch

Signature of Summary Prepared By: _____

M. Rodriguez

Title:

MHC

Date:

12/20/20

DISTRIBUTION:

- 1 copy retained by Mental Health
- 1 copy to Medical Services
- 1 copy to Facility Administration

DEF 003534

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

REFERRAL ORDER

Authorizing Provider:	Gloria Ihenacho MD	Service Provider:	CHS
Auth Provider NPI:	1225044985		
Signing Provider:	Gloria Ihenacho MD		
Phone:		Phone:	
Fax:		Fax:	
Patient Name:	PETER RODRIGUEZ	DOB:	Nov 06, 1990
Home Phone:		Sex:	Male
Work Phone:		Cell Phone:	
Resp. Provider:		Age:	31
		SSN:	
		Patient ID:	23447
Primary Ins:		Secondary Ins:	
Group:		Group:	
Policy:		Policy:	
Insured ID:		Insured ID:	

Code	Description	Diagnoses
MHSTAT	Referral - Mental Health STAT	SUICIDE ATTEMPT, INITIAL ENCOUNTER (ICD-T14.91xA)
Order Number:	763180-1	Quantity: 1
Authorization #:		Priority:
Start Date:	12/19/2020	End Date: 12/21/2020
Electronically signed by:	Gloria Ihenacho MD	Signed on: 12/19/2020 11:06:03 PM
Instructions:	Pt with attempted suicidal sent to Bellevue discharged on suicidal watch and MH F/u	



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MED - Indirect Encounter Note

Reason: **MH referral**

New Rx, New Orders, New Allergies, New Problems

New Orders:

Referral - Mental Health STAT [MHSTAT]

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Allergy Review

* **CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Assessment:

Problem # 1:

Suicide attempt - initial encounter (ICD10-T14.91xA)

Summary:

Assessed Suicide attempt, initial encounter as comment only

Added new Referral order of Referral - Mental Health STAT (MHSTAT) - Signed

Signed By: Ihenacho, Gloria at 12/19/2020 11:06:08 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

SUBJECTIVE

MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Initial Eval / Update

Initial Evaluation? **Yes**

CHS Injury Report

DOC Injury Report available? **Yes**

DOC Injury Report #: **1531**

Injury Date: **12/19/2020**

Injury HPI: **Pt attempt suicide by hanging as per emergency note by nursing and Bellevue Hospital return in which they found bleeding or blood around the facial area but could not find the source Pt denies any injury but says he just wants to go and sleep**

Event Location: **Housing Area**

Cause: **Self-Injury**

Verified Injury: **Injury by history only**

Did the patient have a blow to the head? **No**

Is there a nasal injury? **No**

Bodily location of injury: **Head/Face**

Injury Determination: Were any of the following present? None of the above (no serious injury)

Follow-Up Plan: Pt refused to be evaluated refused to stay or sit down Walked away with DOC

No Gross injury seen on facial area or bleeding

ASSESSMENT

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Allergy Review

*** CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Allergies reviewed:

YES

Assessment:

Problem # 1:



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Suicide attempt - initial encounter (ICD10-T14.91xA)

Pt had CT head, faxilloccial area and neck

Pt was evaluated by MH at Bellevue Hospital and Suicidl Watch and MH F/u recommended

MH provider at C71 was consulted and recommended to send pt down to C71

PLAN

Summary:

Assessed Suicide attempt, initial encounter as comment only

Signed By: Ihenacho, Gloria at 12/19/2020 6:40:19 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MED - Hospital/Infirmar/CDU Return MED - Hospital Return

MED - Hospital/Infirmar/CDU Return

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Specialty Clinic/Returns

Type of Service Received: Medical

Return Date: 12/19/2020

Returning From: Emergency Room Visit Only (Not Admitted)

Was the patient hospitalized for Mental Health reasons? No

Reason for admission/visit? for attempted suicide by hanging

Summary of admission/visit (including procedure/tests/lab results): Emergency was called earlier this morning that pt attempted suicide by hanging and sent to Bellevue where he had lab work cT head, maxillofacial without contrast CT angio with contrast and 12 lead EKG done.

He was evaluated by MH and given stat haloperidol 10mg, iohexol, ketamine, lorazepam and midazolam and discharged to MDC and to be on suicidal watch and followup by MH

Vital Signs

Hospital/Clinic Follow-up

In-facility follow up needed? (nursing, medical, wound, etc.) Yes

Patients meds modified? N/A

Patient has leftover carry meds to be discarded (discuss with patient): No

Patients medication list reconciled and explained: Yes

Hospital/Clinic Follow-Up (Continued)

Specialist follow up needed? N/A

High acuity, requiring SMD notification? (Notify SMD verbally and route note for review at signing)
No

Requires infirmary housing? No

If needing infirmary housing, contact NIC for pre-admission

Patient problem list updated? Yes

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Allergy Review

*** CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

lactose (Moderate)

Allergies reviewed:

YES

Assessment:

Problem # 1:

Suicidal ideation (ICD-V62.84) (ICD10-R45.851)

Pt refused to sit down and be evaluated Stating that he wants to sleep

Called and spoke to C71 MH provider: Buchard who requested pt be sent to C71

Summary:

Added new problem of Suicide attempt, initial encounter (ICD10-T14.91xA)

Assessed Suicidal ideation as comment only

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Disposition

Selected disposition: **C-71 AMKC (Mental Health Center)**

Signed By: Ihenacho, Gloria at 12/19/2020 6:28:42 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

NU - Emergency Response

Patient:
PETER RODRIGUEZ

Facility:
MDC

Book and Case:
3491603090

NYSID:
09839298P

DOB:
11/06/1990

Housing Area:
RR

Time of emergency call to clinic (Military Time): 0217

Time of housing area arrival (Military Time): 0223

Responding Team Members: J. Israel, RN O. Shaw, LPN O. Jean-Baptiste, LPN

DOC supervisor (Captain or above) present? Yes

Time of DOC supervisor (captain or above) arrival to location of emergency (military time): 0224

Location of emergency call: Housing Area

Nature of emergency (Chief Complaint): Hang up

Treatment provided: v/s done. Continued monitoring until EMS arrived

Assessment: Found pt in cell supine, awake but unresponsive to verbal stimuli. Pt responded to ammonia tx. Pt was noted to have blood on his nose and lips. As per DOC, pt attempted to hang himself and was cut down once spotted.

Plan: EMS activated by RN Isarel.

Launch Disposition form:

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Current Vital Signs

Last height (inches): **72 (11/15/2019 5:46:00 PM)** Last Weight: **280 (11/15/2019 5:46:00 PM)**

BP Position: **Supine**

BP: **150/ 72** mmHg

oF

Pulse rate: **85** Pulse rhythm: **Regular**

Finger Stick (Blood Sugar): **105**

RR: **16** Respiration Type: **Regular**

Pulse Ox: **98%** Room Air: **Yes**

Signed By: Jean-Baptiste, Olga at 12/19/2020 7:41:48 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

NU - Emergency Response

Patient:
PETER RODRIGUEZ

Facility:
MDC

Book and Case:
3491603090

NYSID:
09839298P

DOB:
11/06/1990

Housing Area:
9S

Time of emergency call to clinic (Military Time): 0217

Time of housing area arrival (Military Time): 0223

Responding Team Members: israel RN, BAPTISTE LPN, SHAW LPN

Time of DOC supervisor (captain or above) arrival to location of emergency (military time): 0224

Location of emergency call: Housing Area

Nature of emergency (Chief Complaint): HANG UP AS PER DOC

Treatment provided: VS TAKEN. PT PLACED IN COMFORTABLE POSITION

Assessment: PT FOUND LAYING ON HIS LEFT SIDE ON A MATTRESS UNDER THE TABLE IN HIS CELL. EYES OPEN VERBALLY UNRESPONSIVE. RESPONSIVE TO TACTILE STIMULI. VS TAKEN WITHIN NORMAL RANGE. BLOOD NOTED TO LIPS, NOSTRILS AND ON T SHIRT. URGICARE CALLED BY RN ISRAEL.

Plan: EMS INITIATED BY RN ISRAEL AT 2.30AM

Launch Disposition form:

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Current Vital Signs

Last height (inches): **72 (11/15/2019 5:46:00 PM)** Last Weight: **280 (11/15/2019 5:46:00 PM)**

BP Position: **Supine**

BP: **150/ 72** mmHg

oF

Pulse rate: **85** Pulse rhythm: **Regular**

Finger Stick (Blood Sugar): **105**

RR: **16** Respiration Type: **Unlabored**

Pulse Ox: **98%** Room Air: **Yes**

Signed By: Shaw, Omolola at 12/19/2020 3:49:22 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

NU - Emergency Response

Patient:
PETER RODRIGUEZ

Facility:
MDC

Book and Case:
3491603090

NYSID:
09839298P

DOB:
11/06/1990

Housing Area:
RR

Time of emergency call to clinic (Military Time): 0217

Time of housing area arrival (Military Time): 0223

Responding Team Members: Israel, J. RN, Jean-Baptiste LPN, Shaw. O. LPN

DOC supervisor (Captain or above) present? No supervisor present

Time of DOC supervisor (captain or above) arrival to location of emergency (military time): 0224am

Location of emergency call: Housing Area

Nature of emergency (Chief Complaint): "Hangup" per DOC

Assessment: Pt found lying prone with neck perched under a black stool with mildly hemorrhagic sheet nearby. Eyes were open with regular respirations, Unresponsive to verbal stimuli. Was responsive to noxious and tactile stimuli. Dried hemorrhage noted to nostrils, lip region and t shirt. No signs of ligature marks noted to neckline. Pills noted. Will and suicide note given to medical staff by DOC. Notes copied and returned. Per DOC pt was cut down prior to arrival and compressions initiated by DOC. Urgi called, discussed with MD Wachtel. EMS activated at 2:30am Job#0416 Op#D648. Arrived: 2:52am.

Plan: Send out via EMS
Launch Disposition form:

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Current Vital Signs

Last height (inches): **72 (11/15/2019 5:46:00 PM)** Last Weight: **280 (11/15/2019 5:46:00 PM)**

BP Position: **Supine**

BP: **150/ 72** mmHg

oF

Temperature site: **Oral**

Pulse rate: **85** RR: **16** Respiration Type: **Unlabored**

Pulse Ox: **98%** Room Air: **Yes**



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Signed By: Israel, Jeanne at 12/19/2020 7:02:35 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MED - Urgicare Call

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Urgicare Call:

Urgicare Physician: Peter Wachtel DO December 19, 2020 2:30 AM

Referring MD/PA/NP/RN: rn

Time of Call: 0225

Evaluation Completed Using: Phone

Chief Complaint: attempted hangup/allegedly cutdown by doc/min responsive/sat 98%/no lig marks/ems mh run

Category: Psychiatric

Urgi Call Initial Disposition: Sent on run with Urgi notified

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Disposition

Selected disposition: **EMS Hospital - MH**

Signed By: Wachtel, Peter at 12/19/2020 2:31:53 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

WF



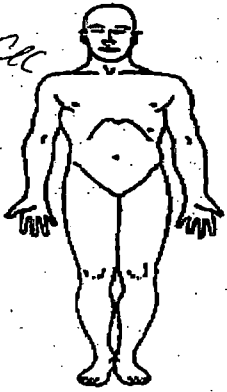
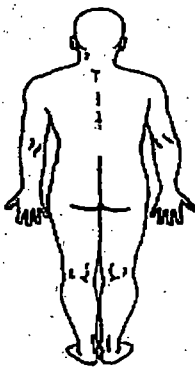
INJURY 1530

Imported By: Ajele Bowers 12/22/2020 8:25:57 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Bowers, Ajele at 12/22/2020 8:26:01 AM

	CORRECTION DEPARTMENT CITY OF NEW YORK	
INJURY TO INMATE REPORT		Page 1 of 2 Pages
Form: 167R-A Rev.: 10/3/19 Ref.: Dir. 4516R-D		
INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed Investigation to Security.		
Command: <u>NDC</u>	Date: <u>12/17/2020</u>	COD/UOF #: _____
		Injury #: <u>FY20 1530</u>
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).		
Inmate Name (Last Name, First Name): <u>LODRIGUEZ, PEPE</u>		
Location Where Injury Occurred: <u>7 South</u>	Inmate's Housing Area: <u>9 South</u>	NYSID #: <u>09839298.P</u>
		Book & Case/Sentence #: <u>3491603080</u>
Details: <u>Said inmate stated prior to attempted to hurt himself some time during the cell of the day by attempting a self manipulative act.</u>		
Supervisor Notified (Print Last Name, First Name, Rank, Shield #): <u>Capt Coball</u>		
		Date: <u>12/17/2020</u>
		Time: <u>1044</u> Hrs.
Employee: I <input type="checkbox"/> (Did) <input checked="" type="checkbox"/> (Did Not) Witness This Injury.	Employee Full Name (print): <u>HARRISON</u>	Employee Signature: <u>[Signature]</u>
		Rank/Title: <u>CO</u>
		Shield/ID#: <u>17898</u>
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)		
Date of Injury: <u>12/17/20</u>	Reported for Medical Attention: <u>12/17/20</u> Hrs.	Inmate Refused Medical Attention: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Visible Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Nature/Reported Mechanism of Injury: <u>patient has self injury after head to wall around business objective wall</u> <u>W/o injury (nos)</u>		Medical Staff Must Note Location of Injury:
Serious Injuries confirmed during initial evaluation (Select "Pending - Requires Further Evaluation" if additional testing / imaging / follow-up needed):		 
<input type="checkbox"/> Laceration requiring sutures, staples or glue (e.g. dermabond) <input type="checkbox"/> Fracture <input type="checkbox"/> Clinical Nasal Fracture <input type="checkbox"/> Dislocation <input type="checkbox"/> Tendon Tear <input type="checkbox"/> Amputation <input type="checkbox"/> Structural injury to organ (e.g. corneal abrasion, hepatic laceration) <input type="checkbox"/> Post-concussive syndrome or head injury requiring imaging such as CT or MRI <input type="checkbox"/> Blistering burn involving the face or >9% of total body surface area		
<input checked="" type="checkbox"/> NO SERIOUS INJURY		
<input type="checkbox"/> Pending - Requires Further Evaluation		
Treatment: <u>MM evaluation</u>		
Disposition and Transportation Requirements (If applicable): Please check which apply		
<input type="checkbox"/> Urgicare / X-Ray <input type="checkbox"/> Hospital Transfer: <input type="checkbox"/> EMS <input type="checkbox"/> Intra-Departmental Transfer		
<input checked="" type="checkbox"/> None / Return to Housing Area <input checked="" type="checkbox"/> MM evaluation		
Initially Triage/Treated By/Examined By (Print and Sign Full Name): <u>[Signature]</u>		Date: <u>12/17/20</u>
		Time: <u>1124</u> Hrs
I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:		
Inmate Signature: <u>not sign</u>	B&C / Sentence #: <u>3491603090</u>	Date: <u>12/17/20</u>
Witnessed By (Signature): <u>Frith</u>	Rank/Title: <u>CO</u>	Shield / I.D. #: <u>18304</u>
		Date: <u>12/17/20</u>

DEF 003549



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MENTAL HEALTH- DOC REFERRAL

Imported By: Opal Bracy Med Rcrds 12/18/2020 1:21:31 PM

External Attachment:

Type: Image
Comment: External Document

Signed By: Bracy, Opal at 12/18/2020 1:22:00 PM



CORRECTION DEPARTMENT CITY OF NEW YORK



REFERRAL OF INMATES TO MENTAL HEALTH SERVICES

Side
1 of 2FORM NO. 4018R
EFF. 04/08/99
REF. DIR. 4018R

Inmate's Name:

Book and Case Number:

Location:

Date:

Name/Shield Number of Reporting Officer:

Name/Shield Number of Supervisor Notified:

BEHAVIORAL CHECKLIST

Listed below are some of the behavioral traits that may indicate a need for Mental Health referral. (Circle the appropriate item[s]).

1. Showing radical changes in behavior;
2. Expressing a desire to commit suicide and/or attempting suicide;
3. Planning to inflict bodily harm, attempting or actually carrying out the act. (This may be expressed verbally or through written communication);
4. Unable to sleep, particularly at night, awakening at odd hours of the early morning and brooding;
5. Arranging personal belongings in order, after habitual disorder;
6. Any signs indicating a trip is being planned e.g., packing personal belongings, discussing travel arrangements etc., when such a trip is not feasible;
7. Giving away valued possessions, e.g., wearing apparel, books, pictures, cigarettes, commissary, etc.;
8. Continually refusing to lock-out during lock-out periods;
9. Hiding or attempting to hide, from view of the correction officer/observation aide;
10. Appearing to be talking to someone when, in fact, no one is present;
11. Frequent displays of shouting, crying and/or screaming;
12. Attempting to inflict self injury by banging parts of the body against the walls or fixtures;
13. Complaining of ailments(s), illness(es) and/or disease(s) that are nonexisting;
14. Expressing a belief that there are plots or plans against personal safety; believing that someone or everyone is watching, talking, spying or acting suspiciously;
15. Having hallucinations/delusions (seeing objects or hearing voices that do not exist);
16. Unusual loss of memory;
17. Showing poor personal hygiene or appearance, doesn't shave, wash or change clothes, etc.;
18. Exhibiting strong feelings of guilt;
19. Being depressed;
20. Constantly fighting and arguing with other inmates;
21. Being alarmed (frightened) or in a state of panic;
22. Any unusual action or behavior that should be brought to the attention of the Mental Health Staff.

Other: (explain)

Attempted A Self Manipulative Act

SUPERVISING OFFICER'S ASSESSMENT AND RECOMMENDATION

Supervisor's Name:

Shield Number:

Date:

Response From Mental Health Services On Reverse Side

DEF 003551



CORRECTION DEPARTMENT CITY OF NEW YORK



REFERRAL OF INMATES TO MENTAL HEALTH SERVICES

Side
2 of 2

FORM NO. 4018R
EFF. 04/08/99
REF. DIR. 4018R

Inmate's Name:

Number:

SUMMARY OF MENTAL HEALTH EVALUATION/RECOMMENDATION

1. REASON FOR REFERRAL: See reverse
2. RELEVANT FINDINGS: (include potential for suicidal and/or violent behavior) Patient is endorsing SI, recent gesture
3. RECOMMENDATIONS: (include special housing needs and precautions as needed) Transferred to C71 on SW

Signature of Summary Prepared By:

[Signature]

Title:

Mental Health Clinician

Date:

12/17/20

DISTRIBUTION:

- 1 copy retained by Mental Health
- 1 copy to Medical Services
- 1 copy to Facility Administration

DEF 003552



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Injury #3344 FY21



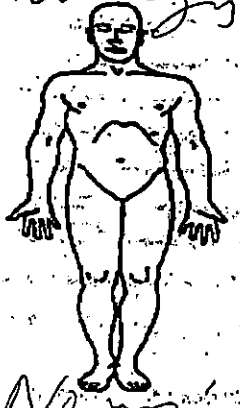
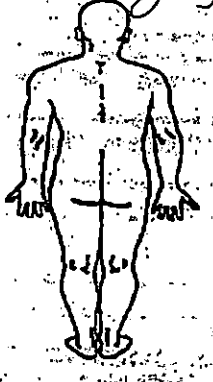
Imported By: Anglin Greaves Med Rcrds 12/18/2020 11:47:48 AM

External Attachment:

Type: Image

Comment: External Document

Signed By: Greaves, Anglin at 12/18/2020 11:48:00 AM

 CORRECTION DEPARTMENT CITY OF NEW YORK			
INJURY TO INMATE REPORT		Page 1 of 2 Pages	Form: 167R-A Rev.: 10/3/19 Ref.: Dir. 4516R-D
INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed investigation to Security.			
Command: AMKC/MDC	Date: 12/17/20	COD/UOF #:	Injury #: 3344
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).			
Inmate Name (Last Name, First Name): Rodriguez, Peter			
Location Where Injury Occurred: 71 Hart Island	Inmate's Housing Area: MDC 9 SOUTH	NYSID #: 098392989	Book & Case/Sentence #: 349 1603090
Details: On 12/17/20 at approximately 1930 Hrs Inmate Rodriguez, Peter of MDC Bld 349/1603090 NYSID 098392989 rushed passed staff at gate into a use of fence with dog staff			
Supervisor Notified (Print Last Name, First Name, Rank, Shield #): Capt Nelson #1478		Date: 12-17-20	Time: 1930 Hrs.
Employee: I <input type="checkbox"/> (Did) <input checked="" type="checkbox"/> (Did Not) Witness this Injury.	Employee Full Name (print): WILSON	Employee Signature: <i>[Signature]</i>	Rank/Title: CO Shield/ID #: 7569
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)			
Date of Injury: 12-17-20	Reported for Medical Attention: 12-17-20 8:30pm Hrs.	Inmate Refused Medical Attention: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Visible Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Nature/Reported Mechanism of Injury: Patrol head above incident but he claimed no injury. He has no distress or bleeding. He refused vitals, evaluation and walked out the clinic		Medical Staff Must Note Location of Injury: No injury  No injury 	
Serious Injuries confirmed during initial evaluation (Select "Pending - Requires Further Evaluation" if additional testing / imaging / follow-up needed): <input type="checkbox"/> Laceration requiring sutures, staples or glue (e.g. dermabond) <input type="checkbox"/> Fracture <input type="checkbox"/> Clinical Nasal Fracture <input type="checkbox"/> Dislocation <input type="checkbox"/> Tendon Tear <input type="checkbox"/> Amputation <input type="checkbox"/> Structural injury to organ (e.g. corneal abrasion, hepatic laceration) <input type="checkbox"/> Post-concussive syndrome or head injury requiring imaging such as CT or MRI <input type="checkbox"/> Blistering burn involving the face or >9% of total body surface area <input checked="" type="checkbox"/> NO SERIOUS INJURY <input type="checkbox"/> Pending - Requires Further Evaluation			
Treatment: none follow up as needed			
Disposition and Transportation Requirements (If applicable): Please check which apply <input type="checkbox"/> Urgicare / X-Ray <input type="checkbox"/> Hospital Transfer: <input type="checkbox"/> EMS <input type="checkbox"/> Intra-Departmental Transfer <input type="checkbox"/> None / Return to Housing Area			
Initially Triage/Treated By/Examined By (Print and Sign Full Name): KHIN KYU, MD <i>[Signature]</i>		Date: 12-17-2020	Time: 8:45PM Hrs
I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:			
Inmate Signature: <i>[Signature]</i>	B&C / Sentence #: 349/1603090	Date: 12-17 2020	
Witnessed By (Signature): <i>[Signature]</i>	Rank/Title: PO	Shield / I.D. #: 5482	Date: 12/17/20

DEF 003554

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

REFERRAL ORDER

Authorizing Provider: Gerard Collins MH Prof
Auth Provider NPI:
Signing Provider: Evangelos Paraskevopoulos
 LMHC
Phone:
Fax:

Service Provider: CHS
Phone:
Fax:

Patient Name: PETER RODRIGUEZ
Home Phone:
Work Phone:
Resp. Provider:

DOB: Nov 06, 1990 **Age:** 31
Sex: Male **SSN:**
Cell Phone: **Patient ID:** 23447

Primary Ins:
Group:
Policy:
Insured ID:

Secondary Ins:
Group:
Policy:
Insured ID:

Code

MHSTAT

Description

Referral - Mental Health STAT

Diagnoses**Order Number:**

761253-1

Quantity: 1**Authorization #:****Priority:****Start Date:**

12/17/2020

End Date: 02/16/2040**Electronically signed by:** Evangelos Paraskevopoulos LMHC**Signed on:** 12/18/2020 8:49:23 AM**Instructions:**

DOC Stat Ref: Attempted a self manipulative act



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

SUBJECTIVE

MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Initial Eval / Update

Initial Evaluation? **Yes**

CHS Injury Report

DOC Injury Report available? **Yes**

DOC Injury Report #: **3342**

Injury Date: **12/17/2020**

Injury HPI: **pat was involved in inmate on inmate fight resulting use of force with DOC staff in the C71 Hart Island as per injury report. He denied LOC , neck pain and dizziness. He has no apparent distress or injury .He refused vitals , evaluation and walked out the clinic.**

Event Location: **Intake/Holding pen**

Cause: **DOC use of force/alleged attack by staff**

Verified Injury: **Denies injury (and no visible injury)**

Did the patient have a blow to the head? **No**

Is there a nasal injury? **No**

Injury Determination: Were any of the following present? Refused and no visible injury

Follow-Up Plan: **prn**

OBJECTIVE

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Current Vital Signs

Refused vitals **Patient Refused Vital Signs**

Vital Signs Notes: **He refused vitals , evaluation and walked out the clinic.**

ASSESSMENT

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Allergy Review



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

* CARROT (Critical)

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Assessment:

Problem # 1:

Injury - unspecified - initial encounter (ICD10-T14.90xA)

He has no apparent respiratory distress or injury .follow up as needed.

PLAN

Summary:

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

General

General Examination Notes: He refused vitals , evaluation and walked out the clinic.

ALL - Refusal of Treatment

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Refusal of Treatment - Location

Date of Refusal: 12/17/2020

Location of Service: On-Site

Refusal of Treatment

Type of Service Refused: Medical

Specific Service Refused (Medical): Injury Visit

Refusal of Treatment - Refuse to Sign?

Did the patient refuse to sign the refusal form? Yes

Which Health Care Staff witnessed the patient voluntarily refuse to sign this form (free text staff's name): RN Arenos

ALL - Refusal - Risks/Con/Capc

Does the patient understand that this refusal is against the advice of the health care provider? Yes

What is the risk associated with refusing this service/intervention? Medium

If Life-Threatening, see Capacity Policy and consider ER transfer for refusal at tertiary care center

Acknowledged



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Did you explain to the patient, the risks, consequences and dangers of refusing the procedure/treatment? Yes

What did you explain to the patient regarding the risks, consequences and dangers of refusing the procedure/treatment (free text)? worsening of current condition

Signed By: Kyu, Khin at 12/18/2020 12:20:35 AM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Patient: PETER RODRIGUEZ
ID: VitalAxis 09839298P

Note: All result statuses are Final unless otherwise noted.

Tests: (1) COVID19 Panel (COVID19NYR)

OBSERVATION	VALUE	EXPECTED
! SARS-CoV-2 (COVID-19)	Not Detected	Not Detected

Disclaimer :

Reference Range: NOT DETECTED

Test Information

The PRL SARS-CoV-2(COVID-19) test is a real-time reverse transcription polymerase chain reaction (rRT-PCR) test. The SARS-CoV-2 primer and probe set is designed to amplify and detect RNA from the SARS-CoV-2 in respiratory specimens from patients as recommended for testing by public health authority guidelines. The assay employs the CDC-designed primer/probe sequences as included in the SARS-CoV-2 (2019-nCoV) CDC qPCR Probe Assay and listed below. SARS-CoV-2-specific sequences target two separate regions of the viral nucleocapsid (N) gene. Also included is an internal control targeting the human RNase P (RP) gene. All three targets are detected in a single assay in multiplex, each with a unique fluorophore-quencher combination

Limitations:

1. The test was validated for use only with upper and lower respiratory specimens.
2. Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Optimum specimen types and timing for peak viral levels during infections caused by SARS-CoV-2 have not been determined.
3. Collection of multiple specimens (types and time points) from the same patient may be necessary to detect the virus.
4. A false negative result may occur if a specimen is improperly collected, transported or handled. False negative results may also occur if amplification inhibitors are present in the specimen or if inadequate numbers of organisms are present in the specimen.
5. Positive and negative predictive values are highly dependent on prevalence. False negative test results are more likely when prevalence of disease is high. False positive test results are more likely when prevalence is moderate to low.



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

6. If the virus mutates in the RT-PCR target region, SARS-CoV-2 may not be detected or may be detected less predictably. Inhibitors or other types of interference may produce a false negative result.

7. An interference study evaluating the effect of common cold medications was not performed.

8. Test performance can be affected because the epidemiology and pathology of disease caused by SARS-CoV-2 is not fully known. For example, clinicians and laboratories may not know the optimum types of specimens to collect, and when during infection these specimens are most likely to contain levels of virus that can be readily detected.

9. Detection of viral RNA may not indicate the presence of infectious virus or that SARS-CoV-2 is the causative agent for clinical symptoms.

10. The performance of this test has not been established for monitoring treatment of SARSCoV-2 infection.

11. The performance of this test has not been established for screening of blood or blood product for the presence of SARS-CoV-2.

12. This test cannot rule out diseases caused by other bacterial or viral pathogens.

This test was developed, and its performance characteristics determined by the Pandemic Response Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. The test methodology has been validated in-house and the methodology as well as the validation data, reviewed by the Clinical Laboratory Evaluation Program of the New York State Department of Health. The validation data is available at the Laboratory at the address below. The laboratory also participates in inter-laboratory testing under the auspices of the College of American Pathologists, in keeping with the Clinical Laboratory Improvement Amendments of 1988 (CLIA 88). Therefore, this test is used for clinical purposes. It should not be regarded as investigational or for research on this basis alone.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 12/17/2020 7:57 PM

(1) Order result status: Final

Collection or observation date-time: 12/17/2020 19:54:44

Requested date-time:

Receipt date-time:

Reported date-time: 12/17/2020 19:00



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Referring Physician:
Ordering Physician: Ira Gornish (gornishi)
Specimen Source:
Source: VitalAxis
Filler Order Number: 10525524
Lab site:

The following results were not dispersed to the flowsheet:
SARS-CoV-2 (COVID-19), Not Detected, (F)

Signed By: Cantor, Lourdes at 12/24/2020 6:03:33 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MH - Psychiatry - Medication Reevaluation

Patient:
PETER RODRIGUEZ
DOB:
11/06/1990
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
MDC
Housing Area:
9S

Type of Visit

Type of Visit: In Person

Subjective

Subjective (include general summary of functioning since last psychiatric provider note. This includes relevant clinical events, review of symptoms related to diagnosis patient is being treated for, and any recent self-injury or violence): Patient states "I am going to be honest with you man. They do me wrong. I've been in Rikers Island for for 5 years, and suddenly I was transferred out to MDC. They are punishing me. I don't know anyone in MDC. I just want to go back to NIC, then I will be alright."

Medication Compliance

List every psychiatric medication being prescribed and percent compliance since last Psychiatric Provider visit: Buspar 10 mg BID; 72%
Remeron 15 mg hs; 67%

Medication Side Effect

Medication Side Effect: No

Mental Status

Orientation: Fully oriented
Appearance: Chronological Age, Well Groomed
Behavior: Cooperative, Relates Well, Good Eye Contact
Activity: No Abnormal Movements
Speech: Normal Rate, Clear Articulation
Language: No abnormalities observed
Concentration: Adequate
Mood (use patient's own words to describe current feeling state): I am upset, they do me wrong
Affect: Appropriate
Impulse control: Adequate
Thought process: Goal Directed
Thought content: No Abnormalities Observed



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Perceptual disturbance: No Perceptual Distortions
Memory No Memory Impairment
Suicidal: No Thoughts of Suicide
Homicidal: No Homicidal Thoughts
Judgement: Adequate
Insight: Aware Accepts Treatment

Vital Signs and Lab Results Flowsheet

Change in Medication

Change in medication regimen: No

Patient Education - Side Effects

Patient education provided on side effects of proposed medication: Yes

Patient educated on the following side effects: drowsiness, dizziness, increased appetite, wt gain

Clinical / Risk Formulation and Plan

Formulation (include identifying information, diagnosis and relevant history, general elements of treatment plan, status of current symptoms related to diagnosis, and if any acute issues related to risk of harm to self/others) (1st 2000 Char): 30 year old Hispanic male with diagnoses of Adjustment disorder with disturbance of conduct and Borderline personality disorder was transferred to C-71 on suicide watch after he was observed with a towel wrapped around his neck, and stated that he wanted to die. On interview, patient stated "I am going to be honest with you man. They do me wrong. I've been in Rikers Island for for 5 years, and suddenly I was transferred out to MDC. They are punishing me. I don't know anyone in MDC. I just want to go back to NIC, then I will be alright." Patient has history of threatening self-harm, and/or gestures for secondary gain, especially to influence preferred housing. Patient did not endorse suicidal ideation, or feeling depressed, or hearing voices telling him to hurt himself, nor there was evidence of major depression, or overwhelmed anxiety, or internal preoccupation.

Diagnoses at this visit: Adjustment disorder with disturbance of conduct
Borderline personality disorder

Current Medications:

LOPERAMIDE HCL 2 MG (IMODIUM 2 MG) (LOPERAMIDE HCL) 2 mg by mouth tid; Route: ORAL
ACETAMINOPHEN 325 MG (TYLENOL 325 MG) (ACETAMINOPHEN) 650 mg by mouth by mouth qid;
Route: ORAL

MIRTAZAPINE 15 MG (REMERON 15 MG) (MIRTAZAPINE) 15 mg by mouth qhs; Route: ORAL
BUSPIRONE HCL 10 MG (BUSPAR 10 MG) (BUSPIRONE HCL) 10 mg by mouth bid; Route: ORAL

Plan: 1. Cont. Remeron 15 mg at bedtime; pt is asymptomatic
2. Cont. Buspirone 10 mg BID

Disposition/Level of Care

Disposition/Level of Care? GP with MH Follow-up Clinician/Psychiatrist

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Disposition

Selected disposition: **GP with MH Follow-up Clinician/Psychiatrist**

Signed By: Beauchard, Renan at 12/17/2020 10:14:54 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

NU - Court/Transfer Screening

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Court Date & Time

Court Date: **12/17/2020**
Time: **2:58PM**

Symptoms:

NOTE: The symptoms of COVID-19 are fever, cough or shortness of breath.

Screening Questions

Have you been advised that you currently should be in quarantine, isolation, or self-monitoring for the coronavirus by any doctor, hospital or health agency? **No**

Temperature >100.0 without obvious alternative cause? **No**

New cough? **No**

New shortness of breath? **No**

New sore throat? **No**

New loss of taste or smell? **No**

The above patient does not present with the symptoms and is fit to attend court on the above referenced time and date: **Yes**

T 97.0

Signed By: Jean-Louis, Elmite at 12/17/2020 3:01:05 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MED - Emergency Response

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Emergency Information

Time of emergency call to clinic (Military Time): 1239
Time of CHS arrival to location of emergency (military time) 1245
Responding Team Members: DR Shpits. PCA Sanchez. LPN Sterling
DOC supervisor (Captain or above) present? Yes
Time of DOC supervisor (captain or above) arrival to location of emergency (military time): 1245
Location of emergency call: Hallways
Nature of emergency (Chief Complaint): back pain on the floor
Emergency Response Note: Was responded to the medical emergency Per DOC patient on the floor. Upon my arrival patient on the floor on his left side He is alert and oriented stated that he has back pain and does not have feeling in the legs Per DOC patient was prepper to move to intake to move him to C 71. He lean in the wall and slowly slide to the floor to prevent falling. VS was taken he prevent to dropping his arm and foot No urine and BM incontinence, Patient refuse to cooperate and he left on the floor in the hallway area. DOC was notified that patient is clear to move to C71

Follow-Up/Treatment

Treatment provided: none

Disposition

Disposition: Return to Current Housing

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Allergy Review

* **CARROT (Critical)**
FISH DERIVED (FLAVORING AGENT) (Critical)
Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)
Poultry (Moderate)
fish derived (Moderate)
lactose (Moderate)

Assessment:

Problem # 1:

Diagnosis deferred (ICD-799.9) (ICD10-R69)

Patient does not have any medical emergency. and he has illness unspecified. He is not cooperative with medical personal and DOC No indication to send inmate to the hospital as he want,

Summary:



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Disposition

Selected disposition: **Return to Current Housing**

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

General

General Appearance: No Acute Distress, Well-developed, Well-Groomed, Thin

HEENT: **Head** Normocephalic, Atraumatic, No scalp lesions

Skin

Inspection: Dry skin

Chest

Inspection: No lesions or scars

Palpation: No masses or lumps

Neck

Neck: Supple, No thyromegaly, No lymphadenopathy, No carotid bruit, No JVD

Thyroid: Non-tender

Respiratory

Respiratory Effort: No respiratory distress

Auscultation: Clear to auscultation bilaterally

Percussion: No dullness to percussion

Cardiovascular

Palpation: PMI mid-clavicular line - not enlarged - 5th intercostal space

Auscultation: RRR, Normal S1 + S2

Carotid Arteries: No carotid bruit bilaterally

Gastrointestinal

Abdomen: Soft, Non-tender, Non-distended

Liver & Spleen: No hepatosplenomegaly

Neurological

Cranial nerves: Cranial Nerves II -> XII intact bilaterally

Reflexes: 3 + reflexes bilaterally

Strength: 5/5 in all extremities

Mental Status

Orientation: Oriented to person/place/time

Mood & Affect: Normal affect, Responds to questions appropriately



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Signed By: Shpits, Iosif at 12/17/2020 10:56:55 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

NU - Emergency Response

Patient:
PETER RODRIGUEZ

Facility:
MDC

Book and Case:
3491603090

NYSID:
09839298P

DOB:
11/06/1990

Housing Area:
RR

Time of emergency call to clinic (Military Time): 1239

Responding Team Members: DR Shpits. PCA Sanchez. LPN Sterling

DOC supervisor (Captain or above) present? Yes

Location of emergency call: Hallways

Nature of emergency (Chief Complaint): "PT on the floor"

Assessment: Responded to medical emergency on the 9th floor with DR Shpits. PT found AxOx3 laying on his left side in front of elevator. PT evaluated by DR Shpits vitals taken on scene.

Launch Disposition form:

NU - Vital Signs

Patient: PETER RODRIGUEZ **DOB:** 11/06/1990 **Age:** 30 Years Old

Book & Case #: 3491603090 **NYSID:** 09839298P

Facility: MDC **Housing Area:** 9S

Current Vital Signs

Last height (inches): 72 (11/15/2019 5:46:00 PM) **Last Weight:** 280 (11/15/2019 5:46:00 PM)

BP Position: Supine

BP: 130/ 90 mmHg

oF

Pulse rate: 92 **Pulse rhythm:** Regular

Finger Stick (Blood Sugar): 132

RR: 14 **Respiration Type:** Regular

Pulse Ox: 99% **Room Air:** Yes

Signed By: Sterling, Merleta at 12/19/2020 8:24:46 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MH - Uniform Notification for Self Injuries

Patient:

PETER RODRIGUEZ

DOB:

11/06/1990

Age:

30 Years Old

Book & Case #:

3491603090

NYSID:

09839298P

Facility:

MDC

Housing Area:

9S

Self-Harm Incident Details

Incident Date: 12/17/2020

Incident Time (type in field): unknown

Incident Facility: MDC

Incident Housing Area (type in field): 9 South

Notification

Notification by: Mental Health

Description of Incident (check all that apply): Tied or placed sheet/string/cord around neck

REQUIRED TREATMENT AND DISPOSITION (check all that apply): Seen by Medical, Seen by Mental Health

Disposition/Level of Care

Diagnosis: Adjustment disorder with disturbance of conduct (ICD-309.3) (ICD10-F43.24)

Borderline personality disorder

Disposition/Level of Care? C-71 AMKC (Mental Health Center)

Signed By: Collins, Gerard at 12/17/2020 12:11:37 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MH - Targeted Evaluation of Self-Destructive Behavior

Patient:
PETER RODRIGUEZ
DOB:
11/06/1990
Age:
30 Years Old
Book & Case #:
3491603090
NYSID:
09839298P
Facility:
MDC
Housing Area:
9S

Self-Harm Incident Details

Incident Date: 12/17/2020
Incident Time (type in field): unknown
Incident Facility: MDC
Incident Housing Area (type in field): 9S

Self Harm Incident Review

Description of Incident: (Method, Number and type of pills, Staff involvement): Patient was found in his cell with a towel wrapped around his neck, stating that he wanted to die
Patient's conscious motivation, Precipitating factors, Previous MH History: Patient was allegedly motivated by receiving distressing legal news. Patient has a long history of coercive self injurious behavior to obtain preferential housing
Patient's future goals, intent to repeat behavior, coping skills: Patient reports he intends to continue to self injure until he completes suicide

Action Taken

Suicide Watch: Yes
Housing Change: MHC/C71
Change in Medication: No
Sent to Hospital: N/A
INCIDENT ASSESSMENT: Not Suicide Attempt but patient presents risk for future behavior

Disposition/Level of Care

Diagnosis: Adjustment disorder with disturbance of conduct (ICD-309.3) (ICD10-F43.24)
Borderline personality disorder
Disposition/Level of Care? C-71 AMKC (Mental Health Center)

Signed By: Collins, Gerard at 12/17/2020 12:09:09 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Appended to : MH - Targeted Evaluation of Self-Destructive Behavior - 12/17/2020

Latest Book and Case#:

3491603090

Patient Facility:

AMKC

NOT SUICIDE ATTEMPT

Signed By: Rosenberg, David at 12/21/2020 2:10:24 PM

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

REFERRAL ORDER

Authorizing Provider: Gerard Collins MH Prof**Service Provider:** CHS**Auth Provider NPI:****Signing Provider:** Gerard Collins MH Prof**Phone:****Phone:****Fax:****Fax:****Patient Name:** PETER RODRIGUEZ**DOB:** Nov 06, 1990**Age:** 31**Home Phone:****Sex:** Male**SSN:****Work Phone:****Cell Phone:****Patient ID:** 23447**Resp. Provider:****Primary Ins:****Secondary Ins:****Group:****Group:****Policy:****Policy:****Insured ID:****Insured ID:****Code**

MHC71ONCALL

DescriptionReferral - Mental Health - C-71
On Call**Diagnoses****Order Number:**

760150-1

Quantity: 0**Authorization #:****Priority:****Start Date:** 12/17/2020**End Date:** 02/16/2040**Electronically signed by:** Gerard Collins MH Prof**Signed on:** 12/17/2020 11:31:12 AM**Instructions:**



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

ALL - TNF

Mental Health Status Notification and Observation Transfer Form (TNF)

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Patient Facility MDC

Based on a clinical interview this date, the following indications apply (select all that apply):

Suicidal and/or highly self-injurious

Transfer To

Transfer to DOC Facility: C-71 Mental Health

Special Precautions

Special Precautions Required (select all that apply): Constant Suicide Watch

Mental Health Staff Review

Additional Info:

Additional Information/Recommendations: Patient transferred to C71 on suicide watch

Health Staff Name: Gerard Collins LMSW

Date: 12/17/2020

Time: 1100

Signed By: Collins, Gerard at 12/17/2020 11:00:30 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MH - Mental Health Progress Note

Patient:

PETER RODRIGUEZ

DOB:

11/06/1990

Age:

30 Years Old

Book & Case #:

3491603090

NYSID:

09839298P

Facility:

MDC

Housing Area:

9S

Type of Visit

Type of Visit: In Person

Current Housing

Current housing: Secure

Spoken Language

Previous response to Interpreter needed:

No (12/11/2020 11:14:58 AM)

Interpreter needed: No

Mental Status

Orientation: Fully oriented

Appearance: Chronological Age, Overweight

Behavior: Guarded

Activity: Agitation

Speech: Low

Language: No abnormalities observed

Concentration: Impaired

Mood (use patient's own words to describe current feeling state): Patient states, "It's over."

Affect: Constricted

Impulse control: Moderate

Thought process: Perseveration

Thought content: No Abnormalities Observed

Perceptual disturbance: No Perceptual Distortions

Memory No Memory Impairment

Suicidal: Suicidal Thoughts, Recent Gesture

Homicidal: No Homicidal Thoughts

Judgement: Mildly Impaired

Insight: Slight Awareness of Illness



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Intellectual Functioning

Is there evidence of gross cognitive deficits? No

Suicide Risk Assessment Since Last Visit

1. Since the last visit, have you wished you were dead or wished you could go to sleep and not wake up? (Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.) No
2. Since the last visit, have you actually had any thoughts of killing yourself? No
6. Since the last visit, have you done anything, started to do anything, or prepared to do anything to end your life? No

Violence Risk Assessment

Did you review the violence risk assessment in the Initial Mental Health or Initial Psychiatric Assessment form? Yes

Summarize review: Patient has a well documented history of violence towards staff and peers while incarcerated

Has the patient engaged in any violent behavior since last contact with mental health? No

Overall Progress Since Last Treatment Plan and Summary of Treatment Session

Please describe overall progress since last treatment plan and summary of treatment session:

Patient was seen for a DOC referral after allegedly engaging in a self injurious behavior. Patient was unable or unwilling to articulate his distress but he did report that "It is all over" after appearing in court the previous day. He did report that he intends to harm himself as he is unable to identify any reason to remain alive. He will be transferred to C71 on suicide watch.

Diagnoses at this visit: Adjustment disorder with disturbance of conduct (ICD-309.3) (ICD10-F43.24)
Borderline personality disorder

Referrals

Psychiatric medication needed? Already on psychiatric medication

Suicide Watch: Yes

Civil Discharge documentation required? No

Is this a discontinuation of a Civil Discharge? No

Does the patient want a substance use treatment referral? No

Referral to other programs? No

Disposition/Level of Care

Referral Action: Already Enrolled

Disposition/Level of Care? C-71 AMKC (Mental Health Center)

Signed By: Collins, Gerard at 12/17/2020 11:30:36 AM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

SUBJECTIVE

MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Initial Eval / Update

Initial Evaluation? **Yes**

CHS Injury Report

DOC Injury Report available? **Yes**

DOC Injury Report #: **1530**

Injury Date: **12/17/2020**

Injury HPI: **Patient was presented to the clinic as Injury Report # 1530 as he was found in the cell with trowel around his neck. Patient stated that he is depressed and want to end his life. No active bleeding was noted. He also stated that he has neck pain and back pain he insist to go to the hospital**

Event Location: **Housing Area**

Cause: **Self-Injury**

Verified Injury: **Injury by history only**

Did the patient have a blow to the head? **No**

Is there a nasal injury? **No**

Injury Determination: Were any of the following present? None of the above (no serious injury)

OBJECTIVE

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Current Vital Signs

Last height (inches): **72 (11/15/2019 5:46:00 PM)** Last Weight: **280 (11/15/2019 5:46:00 PM)**

BP Position: **Sitting**

BP: **137 / 89** mm Hg

Temperature: **98.7** FoF

Temperature site: **Oral**

Pulse rate: **72** Pulse rhythm: **Regular**

RR: **15** Respiration Type: **Regular**

Pulse Ox: **99%** Room Air: **Yes**

ASSESSMENT

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Allergy Review

* CARROT (Critical)
FISH DERIVED (FLAVORING AGENT) (Critical)
Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)
Poultry (Moderate)
fish derived (Moderate)
lactose (Moderate)

Assessment:

Problem # 1:

Injury - unspecified - initial encounter (ICD10-T14.90xA)
Patient was presented to the clinic as Injury Report # 1530 as he was found in the cell with trowel around his neck. Patient stated that he is depressed and want to end his life. No active bleeding was noted. Physical examination by no evidence physical injury. No strangulation line on the neck Tylenol was offered for symptomatic relief. No other acute medical intervention is needed at this time. Patient was send to the MH for evaluation. Injury Report # 1530 was completed and given to DOC. Encounter was documented in the EMR using the Injury Report template. Patient may return to housing. He left the clinic in a stable condition. Follow up as needed

He also stated that he has neck pain and back pain he insist to go to the hospital. When I told inmate to go to the hospital inmate became agree and he was escorted from the medical cubical

PLAN

Summary:

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Disposition

Selected disposition: **Disposition Pending STAT MH Evaluation**

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **30 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

General

General Appearance: No Acute Distress, Well-developed, Well-Hydrated, Well-Nourished, Well-Groomed, Obese

HEENT: Head Normocephalic, Atraumatic

HEENT: Eyes PERRLA, EOMI, No Nystagmus, Conjunctiva Clear

HEENT: FUNDI Disc not visualized

HEENT: Ears no gross hearing deficits



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

HEENT: Nose Normal pink mucosa

HEENT: Throat No erythema or exudate

HEENT: Oral Cavity No lesions seen, Moist mucosa, No Thrush

Skin

Inspection: Dry skin

Chest

Inspection: No lesions or scars

Palpation: No masses or lumps

Neck

Neck: Supple, No thyromegaly, No lymphadenopathy, No carotid bruit, No JVD

Thyroid: Non-tender

Neck Notes: No strangulation line

Respiratory

Respiratory Effort: No respiratory distress

Auscultation: Clear to auscultation bilaterally

Percussion: No dullness to percussion

Cardiovascular

Palpation: PMI mid-clavicular line - not enlarged - 5th intercostal space

Auscultation: RRR, Normal S1 + S2

Gastrointestinal

Abdomen: Soft, Non-tender, Non-distended, No masses palpated

Liver & Spleen: No hepatosplenomegaly

Musculoskeletal

Gait & Station: Normal, Ataxic

Mental Status

Judgement & Insight: Good

Orientation: Oriented to person/place/time

Mood & Affect: Normal affect, Responds to questions appropriately

Mental Status Notes: Patient stated that he is depressed and want to end his life

Signed By: Shpits, Iosif at 12/17/2020 10:54:57 PM



<u>PATIENT NAME:</u> PETER RODRIGUEZ	<u>FACILITY:</u> MDC
<u>NYSID:</u> 09839298P	<u>BOOKCASE#:</u> 3491603090
<u>DATE:</u> August 31, 2020	<u>TIME:</u> 11:38 PM

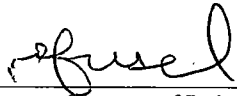
PATIENT REFUSAL OF TREATMENT

This is to certify that I am over the age of eighteen (18) years of age and I am refusing the following:

Patient Refusing: Injury Visit

I understand this refusal is against the advice of my health care practitioner. I acknowledge that I have been informed of the risks, consequences and the danger to my health and possibly to my life which may result from my refusal of this procedure/treatment. I have been given time to ask questions about my condition and about my decision to refuse the procedure/treatment which my health care provider has explained to me is medically indicated and necessary.

I voluntarily assume the risks and accept the consequences of my refusal of the procedure/treatment and I am releasing all of the health care providers, the facility and its staff from any and all liability for ill effects that may result from my refusal of treatment.



Signature of Patient

August 31, 2020

Date Signed

If CHS staff person's signature below, patient refused to present to clinic for informed consent discussion (Refused to Refuse):

Signature of Person Documenting Patient's Refusal: _____

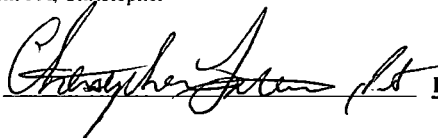
Date: August 31, 2020

The above named patient refused the procedure/treatment, which is medically indicated, and necessary. I explained to the patient, the risks, consequences and dangers of refusing the procedure/treatment include but are not limited to the following:

Discussed the following: Risks & consequences addressed

I provided the above named patient with the opportunity to ask questions, I have answered the questions asked and it's my professional opinion that the patient understands what I have explained:

Authorized Health Care Provider's Name: Tatem PA, Christopher

Authorized Health Care Provider's Signature:  **Date:** August 31, 2020

Health Care Staff (not patient's Health Care Provider) who witnessed the patient's voluntary refusal to sign:

Witness Print Name: PA Flores - Clemente .

Witness Signature: _____ **Date:** August 31, 2020

An Interpreter was needed? If Yes, Interpreter's Name:

DEF 003844



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

SUBJECTIVE

MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Initial Eval / Update

Initial Evaluation? **Yes**

CHS Injury Report

DOC Injury Report available? **Yes**

DOC Injury Report #: **765**

Injury Date: **08/31/2020**

Injury HPI: **Pt denies injury/pain. Pt further refuses medical services. No signs of gross injury.**

Event Location: **Housing Area**

Cause: **DOC use of force/alleged attack by staff**

Verified Injury: **Denies injury (and no visible injury)**

Did the patient have a blow to the head? **No**

Is there a nasal injury? **No**

Injury Determination: Were any of the following present? Refused and no visible injury

OBJECTIVE

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Current Vital Signs

Refused vitals **Patient Refused Vital Signs**

ASSESSMENT

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Allergy Review

* **CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Assessment:

Problem # 1:

Injury - unspecified - initial encounter (ICD10-T14.90xA)

Pt denies injury/pain.

Pt further refuses medical services.

No signs of gross injury.

PLAN

Summary:

ALL - Refusal of Treatment

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Refusal of Treatment - Location

Date of Refusal: 08/31/2020

Location of Service: On-Site

Refusal of Treatment

Type of Service Refused: Medical

Specific Service Refused (Medical): Injury Visit

Refusal of Treatment - Refuse to Sign?

Did the patient refuse to sign the refusal form? Yes

ALL - Refusal - Risks/Con/Capc

Does the patient understand that this refusal is against the advice of the health care provider? Yes

What is the risk associated with refusing this service/intervention? Low

If Life-Threatening, see Capacity Policy and consider ER transfer for refusal at tertiary care center

Acknowledged

Did you explain to the patient, the risks, consequences and dangers of refusing the procedure/treatment? Yes

What did you explain to the patient regarding the risks, consequences and dangers of refusing the procedure/treatment (free text)? Risks & consequences addressed

Signed By: Tatem, Christopher at 8/31/2020 11:39:24 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

SUBJECTIVE

MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Initial Eval / Update

Initial Evaluation? **Yes**

CHS Injury Report

DOC Injury Report available? **Yes**

DOC Injury Report #: **750**

Injury Date: **08/31/2020**

Injury HPI: **Pt reports mild SOB in setting of still fire in his cell. Denies dizziness, lightheadedness and confusion.**

Event Location: **Housing Area**

Cause: **Other (Specify in 'Notes' field)**

Describe Other Cause: **Still fire in cell**

Verified Injury: **Injury by history only**

Did the patient have a blow to the head? **No**

Is there a nasal injury? **No**

Injury Determination: Were any of the following present? None of the above (no serious injury)

OBJECTIVE

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Current Vital Signs

Refused vitalsPatient Refused Vital Signs

ASSESSMENT

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Allergy Review

*** CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

fish derived (Moderate)
lactose (Moderate)

Assessment:

Problem # 1:

Injury - unspecified - initial encounter (ICD10-T14.90xA)
Pt reports mild SOB in setting of still fire in his cell.
Denies dizziness, lightheadedness and confusion.
Resp: CTA b/l

Problem # 2:

Asthma (ICD-493.90) (ICD10-J45.909)
Albuterol pump ordered

PLAN

Summary:

Added new medication of ALBUTEROL 90 MCG / 1 INH (VENTOLIN / PROVENTIL HFA 90 MCG / (ALBUTEROL SULFATE) 2 puffs every 4-6 hours as needed SOB; Route: INHALATION Indications: ASTHMA - Signed
Rx of ALBUTEROL 90 MCG / 1 INH (VENTOLIN / PROVENTIL HFA 90 MCG / (ALBUTEROL SULFATE) 2 puffs every 4-6 hours as needed SOB; Route: INHALATION #1 x 0; Signed; Entered by: Christopher Tatem PA; Authorized by: Christopher Tatem PA; Method used: Handwritten; Note to Pharmacy: Route: INHALATION;

ALL - Refusal of Treatment

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Refusal of Treatment - Location

Date of Refusal: 08/31/2020
Location of Service: On-Site

Refusal of Treatment

Type of Service Refused: Medical
Specific Service Refused (Medical): Injury Visit

Refusal of Treatment - Refuse to Sign?

Did the patient refuse to sign the refusal form? Yes

ALL - Refusal - Risks/Con/Capc

Does the patient understand that this refusal is against the advice of the health care provider? Yes
What is the risk associated with refusing this service/intervention? Low
If Life-Threatening, see Capacity Policy and consider ER transfer for refusal at tertiary care center
Acknowledged
Did you explain to the patient, the risks, consequences and dangers of refusing the procedure/treatment? Yes



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

What did you explain to the patient regarding the risks, consequences and dangers of refusing the procedure/treatment (free text)? Risks & consequences addressed

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

General

General Appearance: No Acute Distress, Well-developed, Well-Nourished

HEENT: Head Normocephalic, Atraumatic

Skin

Skin Notes: No lesions

Respiratory

Respiratory Effort: No respiratory distress

Auscultation: Clear to auscultation bilaterally

Cardiovascular

Palpation: PMI not palpable

Auscultation: RRR, Normal S1 + S2

Signed By: Tatem, Christopher at 8/31/2020 2:00:48 PM

Correctional Health Services

55 Water Street 18th Fl, New York, NY , USA 10041

Ph: (347) 774-7000

Patient Name & Address:

RODRIGUEZ, PETER
HOMELESS

Date: 8/19/2020

DOB: 11/6/1990

Sex: Male

Location: MDC 9S

NYSID:09839298P

Book and Case: 3491603090

Allergies: Please call clinic for allergy information.

Rx ALBUTEROL 90 MCG / 1 INH (VENTOLIN /
PROVENTIL HFA 90 MCG / Take 2 puffs by mouth
Q6H as needed for SOB RN/DOT
Generic: ALBUTEROL SULFATE
Indications: ASTHMA(ICD-493.90)(ICD10-J45.909)
Note: Route: INHALATION;

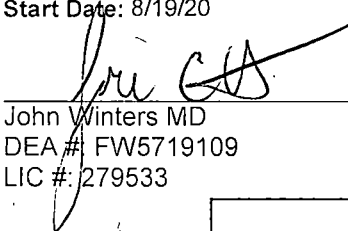
VOID

Qty:***1*** ONE

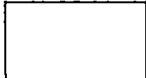
Refill: ***0*** ZERO

Start Date: 8/19/20

Stop Date: 11/17/20


John Winters MD
DEA # FW5719109
LIC #: 279533

THIS PRESCRIPTION WILL BE
FILLED GENERICALLY UNLESS
PRESCRIBER WRITES 'd.a.w.'
IN THE BOX BELOW



Dispense as Written

SLT GIL
S. SOE, LPN
8/19/20
\$:

VOID

VOID

CHS

2/1/2022

Order Form

REFERRAL ORDER

Authorizing Provider:	Tracy Vadakumchery MH Prof	Service Provider:	CHS
Auth Provider NPI:			
Signing Provider:	Tracy Vadakumchery MH Prof		
Phone:		Phone:	
Fax:		Fax:	
Patient Name:	PETER RODRIGUEZ	DOB:	Nov 06, 1990
Home Phone:		Sex:	Male
Work Phone:		Cell Phone:	
Resp. Provider:		Age:	31
		SSN:	
		Patient ID:	23447
Primary Ins:		Secondary Ins:	
Group:		Group:	
Policy:		Policy:	
Insured ID:		Insured ID:	

<u>Code</u>	<u>Description</u>	<u>Diagnoses</u>
MHROUTINE	Referral - Mental Health Routine	
Order Number:	600560-1	Quantity: 0
Authorization #:		Priority:
Start Date:	08/19/2020	End Date: 10/19/2039
Electronically signed by:	Tracy Vadakumchery MH Prof	Signed on: 8/19/2020 10:50:04 PM
Instructions:	DOC referral. Captain reported that pt did not make any comments of SI or SH and reported he was depressed and requests to speak with MH	



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

ALL - Missed Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Missed Visit Type

Missed Visit type? MH Visit

The following services were missed (MH Visit): TPR and Clinician Progress Note

Missed Visit Comments

Date of scheduled visit? 08/19/2020

What was the reason for missed visit? Not Produced

Missed visit comments: DOC failed to produce, due to a medical emergency and numerous alarms

Signed By: Bush, Warren at 8/19/2020 10:23:52 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MED - Indirect Encounter Note

Reason: **DOC request for contraindications**

Note:

DOC requested contraindications to the use of force for this patient.

New Rx, New Orders, New Allergies, New Problems

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Allergy Review

*** CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Assessment:

Problem # 1:

Asthma (ICD-493.90) (ICD10-J45.909)

DOC requested contraindications to the use of force for this patient.

DOC requested contraindications to the use of force for this patient.

A review of his EMR record shows he has contraindications to the use chemical agent

This information was provided to the DOC.

Summary:

Signed By: Shpits, Iosif at 8/20/2020 1:12:46 AM

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

REFERRAL ORDER

Authorizing Provider: John Winters MD**Auth Provider NPI:** 1588982524**Signing Provider:** John Winters MD**Phone:****Fax:****Service Provider:** CHS**Phone:****Fax:****Patient Name:** PETER RODRIGUEZ**Home Phone:****Work Phone:****Resp. Provider:****DOB:** Nov 06, 1990**Sex:** Male**Cell Phone:****Age:** 31**SSN:****Patient ID:** 23447**Primary Ins:****Group:****Policy:****Insured ID:****Secondary Ins:****Group:****Policy:****Insured ID:****Code**

MHSTAT

Order Number:**Authorization #:****Start Date:****Electronically signed by:** John Winters MD**Instructions:****Description**

Referral - Mental Health STAT

599852-1

Diagnoses

SUICIDAL IDEATION (ICD-R45.851)

Quantity: 1**Priority:****End Date:** 10/19/2039**Signed on:** 8/19/2020 1:28:22 PM

Pt expressed SI and states that he has been feeling more depressed recently No plan; however, pt stated that he feels like he could act on these impulses. DOC was asked to place patient on 1:1



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MED - Sick Call Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Chief Complaint/Reason for Visit: **HA, Needs Albuterol Inhaler/Advair Inhaler and MH Referral**

History of Present Illness: **Mr. Rodriguez was seen in the 9th floor S clinic. The patient states that ESU took his Abluterol and Advair inhaler and he needs a new inhaler. The patient also reports that he has been experiecning a increase in MH stress and that he has been having increasing thoughts about hurting himself. The patient was asked if he had a plan and he wasnt able to really answer the question; however, he did state that these urges have intensified over the last several days and stated it could happen. Lastly,. the patient stated that he was having HA that are a chronic issue for which he recently had an MRI. He needs follow up with his Neurologist at WF for the results/outcome of the MRI. Will place referral for this.**

Vital Signs Review

BP: **120/78** Pulse: **96** Pulse Rhythm: **Regular**

RR: **15** Resp Quality: **Unlabored**

O2 Sat: **99%** T: **97.1F**

Open Orders:

Medical Order - Chronic Care Follow-up [CHRONICFOLLOW]

TPR [MHMIGRATION]

MH Social Work Order - 30/90 Day Follow-Up [3090FOLLOW]

Chem 7 Panel [0768-2]

Hepatic Function Panel [3422-3]

Referral - Podiatry [PODIA]

Referral - Bellevue, Dermatology [BELLEDERM]

Medical Order - Annual Physical [ANNUALPHY]

MH Order - TPR and MH Clinician's Progress Note [TPR]

Hospital Transfer [INTHOSP]

NOVEL CORONAVIRUS COVID-19 NASOPHARYNX [TH68]

COVID19 IgG Antibody [2057204]

CDU Transfers [INTCDU]

Dental Order - Cleaning [DENTCLEAN]

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

General

General Appearance: No Acute Distress, Well-developed, Well-Hydrated, Well-Nourished, Well-Groomed, Appears stated age

Mental Status

Orientation: Oriented to person/place/time

Mood & Affect: Flat affect

Mental Status Notes: reported suicidal idations



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Allergy Review

* **CARROT (Critical)**
FISH DERIVED (FLAVORING AGENT) (Critical)
Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)
Poultry (Moderate)
fish derived (Moderate)
lactose (Moderate)

Allergies reviewed:
YES

Assessment:

Problem # 1:

Asthma (ICD-493.90) (ICD10-J45.909)
Patient needs new medications as he reports that ESU has taken his inhalers.
- Will reorder Albuterol and for RN/DOT
- Will reorder Advair 250-50.

Problem # 2:

Headache
Pt reports that he had an MRI completed at Bellevue that was read as normal. Patient has not had WF Neuro follow up post MRI. Will schedule this
- Pt also requesting Tylenol for HA. Will give 4 days worth - twice daily to be taken as needed

Problem # 3:

Suicidal ideations
Pt reports SI/. DOC was informed and will place patient on a 1:1 until the patient can be cleared by Psych.
- MH STAT referral was placed and MH was informed verbally.

Summary:

Added new problem of Suicidal ideation (ICD-V62.84) (ICD10-R45.851)

Added new problem of Headache (ICD-784.0) (ICD10-R51)

Added new Referral order of Referral - Mental Health STAT (MHSTAT) - Signed

Added new Referral order of Referral - Neurology (NEUROREF) - Signed

Added new medication of ALBUTEROL 90 MCG / 1 INH (VENTOLIN / PROVENTIL HFA 90 MCG / (ALBUTEROL SULFATE) Take 2 puffs by mouth Q6H as needed for SOB Route: INHALATION

Indications: ASTHMA - Signed

Added new medication of FLUTICASONE/SALMETEROL 250-50 MCG 1 INH (ADVAIR DISKUS 250-5 (FLUTICASONE-SALMETEROL) Take one puff by mouth twice daily; Route: INHALATION Indications:

ASTHMA - Signed

Added new medication of ACETAMINOPHEN 325 MG (TYLENOL 325 MG) (ACETAMINOPHEN) Take two tablets by mouth twice daily as needed for HA; Route: ORAL Indications: ASTHMA - Signed

Rx of ALBUTEROL 90 MCG / 1 INH (VENTOLIN / PROVENTIL HFA 90 MCG / (ALBUTEROL SULFATE)



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Take 2 puffs by mouth Q6H as needed for SOB; Route: INHALATION #1 x 0; Signed; Entered by: John Winters MD; Authorized by: John Winters MD; Method used: Print then Give to Patient; Note to Pharmacy: Route: INHALATION;

Rx of FLUTICASONE/SALMETEROL 250-50 MCG 1 INH (ADVAIR DISKUS 250-5 (FLUTICASONE-SALMETEROL) Take one puff by mouth twice daily; Route: INHALATION #1 x 2; Signed; Entered by: John Winters MD; Authorized by: John Winters MD; Method used: Handwritten; Note to Pharmacy: Route: INHALATION;

Rx of ACETAMINOPHEN 325 MG (TYLENOL 325 MG) (ACETAMINOPHEN) Take two tablets by mouth twice daily as needed for HA; Route: ORAL #6 x 0; Signed; Entered by: John Winters MD; Authorized by: John Winters MD; Method used: Handwritten; Note to Pharmacy: Route: ORAL;

Signed By: Winters, John at 8/19/2020 1:33:40 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

NU - STAT/Injection Administration

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Medication #1

Medication Given: ALBUTEROL PUMP

Given By: Sydney Soe August 19, 2020

Prescribing Provider: MD.J.WINTERS

Assessment: AN ASTHMA INHALER WAS GIVEN TO MD.WINTERS FOR MR.RODRIGUEZ.

Medication Route: Oral

Medication Dose: 1 PUMP

Time Administered: 11:00 AM

Signed By: Soe, Sydney at 8/19/2020 11:38:03 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MED - Indirect Encounter Note

Reason: **DOC request for contraindications**

Note:

DOC requested contraindications to the use of force for this patient.

New Rx, New Orders, New Allergies, New Problems

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Allergy Review

*** CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Assessment:

Problem # 1:

Asthma (ICD-493.90) (ICD10-J45.909)

: **DOC requested contraindications to the use of force for this patient.**

A review of his EMR record shows he has contraindications to the use chemical agent

This information was provided to the DOC.

Summary:

Signed By: Shpits, Iosif at 8/18/2020 4:14:41 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

BHPW

Assessment:
Problem # 1:

Coronavirus infection (ICD-079.89) (ICD10-B97.29)

29 year old man with multiple medical issues was referred to ER with EMS for syncope episode with LOC on 8/3/20. Pt had SOB/palpitation/blurred vision/headache/nausea but no other symptoms of covid infection such as cough/fever/chills /abdo pain/vomiting /diarrhea /etc.

Pt had syncope work up at Bellevue. No obvious evidence of HOCM/TTE was done as well as CT head/CXR/LS spine X ray.

However ,pt was found to have covid positive twice at Bellevue and referred to CDU. Pt denied any resp symptoms and symptoms of covid on arrival and stable vitals. Pt was educated about labs finding at Belview and follow up plan which he expressed understanding. f-u vitals closely in CDU. f-u with ID team

Problem # 2:

Asthma (ICD-493.90) (ICD10-J45.909)

claimed he left pumps at MDC ,will replace

Problem # 3:

HTN (Hypertension) (ICD-401.9) (ICD10-I10)

cont current meds,f-u vitals

Problem # 4:

Antisocial personality disorder

f-u with MH team

Summary:

Added new Service order of Nursing Order - Nursing Follow-up (NURSINGFOLLOW) - Signed

Added new Referral order of Referral - Mental Health Routine (MHROUTINE) - Signed

Added new medication of ALBUTEROL 90 MCG / 1 INH (VENTOLIN / PROVENTIL HFA 90 MCG / (ALBUTEROL SULFATE) 2 puff pr four times a day prn Route: INHALATION Indications: ASTHMA - Signed

Added new medication of FLUTICASONE/SALMETEROL 250-50 MCG 1 INH (ADVAIR DISKUS 250-5 (FLUTICASONE-SALMETEROL) 1 puff by mouth bid; Route: INHALATION Indications: ASTHMA - Signed

Added new medication of AMLODIPINE BESYLATE 5 MG (NORVASC 5 MG) (AMLODIPINE BESYLATE) 1 tab by mouth qd; Route: ORAL Indications: HTN (HYPERTENSION) - Signed

Added new medication of OMEPRAZOLE 20 MG (PRILOSEC 20 MG) (OMEPRAZOLE) 1 tab by mouth qd; Route: ORAL Indications: GERD (GASTROESOPHAGEAL REFLUX DISEASE) - Signed

Rx of ALBUTEROL 90 MCG / 1 INH (VENTOLIN / PROVENTIL HFA 90 MCG / (ALBUTEROL SULFATE) 2 puff pr four times a day prn; Route: INHALATION #720 x 0; Signed; Entered by: Maung

Maungoo MD; Authorized by: Maung Maungoo MD; Method used: Handwritten; Note to Pharmacy: Route: INHALATION;

Rx of FLUTICASONE/SALMETEROL 250-50 MCG 1 INH (ADVAIR DISKUS 250-5 (FLUTICASONE-SALMETEROL) 1 puff by mouth bid; Route: INHALATION #60 x 0; Signed;

Entered by: Maung Maungoo MD; Authorized by: Maung Maungoo MD; Method used: Handwritten; Note to Pharmacy: Route: INHALATION;

Rx of AMLODIPINE BESYLATE 5 MG (NORVASC 5 MG) (AMLODIPINE BESYLATE) 1 tab by mouth qd Route: ORAL #30 x 0; Signed; Entered by: Maung Maungoo MD; Authorized by: Maung Maungoo



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

BHPW

MD; Method used: Handwritten; Note to Pharmacy: Route: ORAL;
Rx of OMEPRAZOLE 20 MG (PRILOSEC 20 MG) (OMEPRAZOLE) 1 tab by mouth qd; Route: ORAL
#7 x 0; Signed; Entered by: Maung Maungoo MD; Authorized by: Maung Maungoo MD; Method
used: Handwritten; Note to Pharmacy: Route: ORAL;

Signed By: Maungoo, Maung (INACTIVE) at 8/5/2020 11:42:05 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Appended to : MED-CDU Admission - 08/05/2020

Latest Book and Case#:

3491603090

Patient Facility:

WF

REFER TO D-C SUMMARY FOR DETAIL INFORMATIO

Signed By: Maungoo, Maung (INACTIVE) at 8/5/2020 11:49:19 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

BHPW

MED - CDU - Pre-Admission

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **BHPW** Housing Area: **OUTP**

CDU Pre-Admission Reason

Admit patient to CDU? Yes

Reason for Admission? Known communicable disease requiring contact or airborne

Yes to admit patient to CDU: Known communicable disease requiring contact or airborne isolation:

Other

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **BHPW** Housing Area: **OUTP**

Allergy Review

* **CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Assessment:

Problem # 1:

Coronavirus infection (ICD-079.89) (ICD10-B97.29)

Contacted by Dr Heyman that 29 year old man with multiple medical issues was referred to ER with EMS for syncope episode.

No obvious evidence of HOCM/TTE was done as well as CT head/CXR/LS spine X ray.

However, pt was found to have covid positive twice at Bellevue and referred to CDU. Pt was accepted to CDU as recommended

Summary:

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **BHPW** Housing Area: **OUTP**

Disposition

Selected disposition: **CDU**



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

BHPW

Signed By: Maungoo, Maung (INACTIVE) at 8/6/2020 1:27:55 AM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
BHPW

SUBJECTIVE

MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **BHPW** Housing Area: **OUTP**

Initial Eval / Update

Initial Evaluation? **Yes**

CHS Injury Report

DOC Injury Report available? **Yes**

DOC Injury Report #: **FY# 21-386**

Injury Date: **08/03/2020**

Injury HPI: **A medical emergency activated to the Intake area by DOC.**

The medical-nursing team escorted by a DOC staff attended to the area, as per DOC while the client was escorted out of the PEN Holding area by DOC for special search after this client apparently was involved in a use of force with DOC when he snatched a DOC own property, the client threw himself to the floor.

Upon arrival the client was found lying on his stomach with both his arm acrossed under his body, Alert, responsive, in non apparent distress, Obese, large size man.

The client claimed hurting his lower back and neck.

The client was assessed in the area, no there was not tender spot on his back or neck, uncooperative to assist himself or allow to be assisted to move-position himself around for better evaluation

Skin: pink coloration, good turgor.

Lungs: clear, good air entry, no wheezes, no rales or rhonchi.

Pulse Oximetry, FS, HR, RR were obtained.

EMS activated for EMS r/o Lower back - Neck injury, less likely. Very large size male, in non apparent distress or pain. Huge muscular-fat neck. Refused to be move or assisted to move by medical in order to give a better positioning and neck collar.

EMS was activated.

EMS # D573

Job # 2498.

This client needs special DOC escort team [ESU] as per DOC.

Event Location: **Intake/Holding pen**

Cause: **Slips and Fall**

Verified Injury: **Injury by history only**

Did the patient have a blow to the head? **No**

Is there a nasal injury? **No**

Bodily location of injury: **Torso**

Injury Determination: Were any of the following present? Pending/Requires More Evaluation

Follow-Up Plan: **EMS run on 08/03/2020.**

Referred to Medical emergency response on 08/03/2020 in the DOC Intake area.

Medical information taken from the 08/03/2020 Medical emergency encounter.

Injury report FY21-386 submitted by DOC for medical completion on 08/05/2020.

Form completed, signed and filed.



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

BHPW

Signed By: Mejia, Franklin at 8/5/2020 4:41:20 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Appended to : Updated Injury Report FY# 21-386 - 08/05/2020

Latest Book and Case#:

3491603090

Patient Facility:

MDC

SUBJECTIVE

MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Initial Eval / Update

Initial Evaluation? **Injury Update**

CHS Injury Report

DOC Injury Report available in EHR? **No**

Original Injury Report #: **386**

Original Injury Date: **08/03/2020**

Injury Determination: Were any of the following present? Post-concussive syndrome or head injury requiring imaging such as CT or MRI

Follow-Up Plan: **NEGATIVE HEAD CT**

Signed By: Alexis, Quentz at 8/12/2020 9:41:16 PM

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

REFERRAL ORDER

Authorizing Provider:	Curt Walker PA	Service Provider:	CHS
Auth Provider NPI:	1386830560		
Signing Provider:	Curt Walker PA		
Phone:		Phone:	
Fax:		Fax:	
Patient Name:	PETER RODRIGUEZ	DOB:	Nov 06, 1990
Home Phone:		Sex:	Male
Work Phone:		Cell Phone:	
Resp. Provider:		Age:	31
		SSN:	
		Patient ID:	23447
Primary Ins:		Secondary Ins:	
Group:		Group:	
Policy:		Policy:	
Insured ID:		Insured ID:	

Code
ANNUALPHY
Order Number:
Authorization #:
Start Date:
Electronically signed by:
Instructions:

Description
Medical Order - Annual Physical
548852-4
08/05/2020
Curt Walker PA

Diagnoses
ROUTINE GENERAL MEDICAL EXAM (ICD-Z00.00)
Quantity:
Priority:
End Date:
Signed on:

1
09/04/2020
7/1/2020 7:35:38 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Patient Docs XRay Documents

CT CERVICAL SPINE WO CONTRAST

IMPRESSION:

No CT evidence of acute traumatic injury to the cervical spine.

Final report dictated by Shu Liu and signed by John McMenamy, MD, 8/3/2020.

SEE ATTACHED REPORT.

Imported By: David Viera PA 9/30/2020 7:39:14 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Viera, David at 9/30/2020 7:39:30 AM

Rodriguez, Peter

DOB: 11/6/1990

MRN: 26314622

CT CERVICAL SPINE WO CONTRAST

Order: 44169683

Reading physician: **John M McMenamy, MD****Shu Liu, MD**Ordering physician: **Anne Levine, MD**Performing tech: **Katherine Santana, RT**

Supporting Staff:

Performing department: **Bellevue ED CT Imaging**Study date: **8/3/2020****PACS Images**[↗ Show images for CT Cervical Spine without contrast](#)**Status**

Final

Reason For Exam

C-spine trauma, low clinical risk (NEXUS/CCR)

Exam Details

Performed Procedure Technologist

CT Cervical Spine without contrast Katherine Santana, RT

Appointment

Date/Status

Modality

Department

8/3/2020 Completed

BE CT ED 1

BE ED CT IMAGING

Begin Exam

End Exam

End Exam Questionnaires

8/3/2020 6:39 PM

8/3/2020 6:49 PM

[IMAGING END REMOTE
READ](#)**↗ Vitals**

BP

Ht

Wt

125/75 (BP Location:

1.829 m (6')

136 kg (298 lb 15.1 oz)

Left arm, Patient

Position: Lying)

BMI and BSABody Mass Index: 40.54 kg/m²Body Surface Area: 2.53 m²**Results**

CT Cervical Spine without contrast (Order 44169683)

Study Result

CERVICAL SPINE CT

INDICATION: Trauma with neck pain.

CT CERVICAL SPINE: Routine noncontrast multidetector CT cervical spine from skull base to T2 with sagittal and coronal reformations.

DEF 003952

COMPARISON: Cervical spine CT 3/6/2020

FINDINGS:

Alignment is satisfactory. No acute fracture or dislocation or subluxation. Prevertebral soft tissues within normal limits. Lung apices are clear.

IMPRESSION:

IMPRESSION:

No CT evidence of acute traumatic injury to the cervical spine.

Final report dictated by Shu Liu and signed by John McMenamy, MD, 8/3/2020 7:26 PM

Result History

[CT Cervical Spine without contrast \(Order #44169683\) on 8/3/2020 - Order Result History Report](#)

Printable Result Report

[Result Report for Printing](#)

Encounter

[View Encounter](#)

CT Cervical Spine without contrast (Order 44169683)

Imaging

Date: 8/3/2020 Department: Bellevue IP 17N TELE/MEDECINE

Released By/Authorizing: Anne Levine, MD (auto-released)

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
08/03/20 05:57 PM	08/03/20 05:57 PM	08/03/20 05:55 PM	08/03/20 05:55 PM

Order Details

Frequency	Duration	Priority	Order Class
1 time imaging	1 occurrence	Emergent	Hospital Performed

Collection Information

Collected: 8/3/2020 7:00 PM Resulting Agency: HHC PS360

Order Provider Info

		Office phone	Pager	E-mail
Ordering User	Anne Levine, MD	844-692-4692	--	levinea9@nychhc.org
Authorizing Provider	Anne Levine, MD	844-692-4692	--	--
Attending Provider When Ordered	Jacqueline Paulis, MD	718-883-3000	--	--
Billing Provider	John M McMenamy, MD	844-692-4692	--	--

Protocol Summary: CT Head without contrast

[Protocol History](#)

Protocol not completed.

Protocol Summary: CT Cervical Spine without contrast

[Protocol History](#)

Protocol not completed.

DEF 003953

Reprint Requisition

[CT Cervical Spine without contrast \(Order #44169683\) on 8/3/20](#)

Supplies

Name	ID	Temporary	Type	Charge Code Description	Charge Code	Quantity
No information to display						

Case Tracking Events

Event	Time In
In Pre-Procedure	
Pre-Procedure Complete	
In Holding Area	
Out of Holding Area	
In Room	
Procedure Start	
REBOA Balloon Deflatoion Time	
Procedure Finish	
Out of Room	
In Recovery	
Out of Recovery	
In Phase II	
Out of Phase II	
Recovery Care Complete	
Anesthesia Start	
Anesthesia Finish	
Procedural Care Complete	
Phase II Care Complete	
Anesthesia Ready	
Anesthesia Start Data Collection	
Anesthesia Stop Data Collection	

Order Transmittal Tracking

[CT Cervical Spine without contrast \(Order #44169683\) on 8/3/20](#)

DEF 003954



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

BHPW

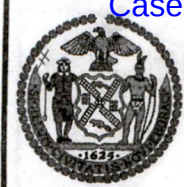
INJURY 347

Imported By: Ajele Bowers 8/4/2020 8:44:48 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Bowers, Ajele at 8/4/2020 8:45:01 AM



CORRECTION DEPARTMENT CITY OF NEW YORK



INJURY TO INMATE REPORT

 Page 1
of
2 Pages

 Form: 167R-A
Rev.: 10/3/19
Ref.: Dir. 4516R-D

INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed Investigation to Security.

Command: <u>Manhattan Detention Center</u>	Date: <u>08.03.20</u>	COD/UOF #:	Injury #: <u>347</u>
--	-----------------------	------------	----------------------

TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).

Inmate Name (Last Name, First Name): <u>Rodriguez Peter</u>			
Location Where Injury Occurred: <u>980thly</u>	Inmate's Housing Area: <u>980thly</u>	NYSID #: <u>098392980</u>	Book & Case/Sentence #: <u>3491603090</u>

Details: On Monday August 03.20 at approximately 11:00 hrs, inmate Rodriguez, Peter 3491603090/098392980 was involved in a use of force with Department of Correction staff. Captain Escort was already involved.

Supervisor Notified (Print Last Name, First Name, Rank, Shield #): <u>Capt. Cottoman</u>	Date: <u>8-3-20</u>	Time: <u>1155</u> Hrs.
--	---------------------	------------------------

Employee: I <input type="checkbox"/> (Did) <input checked="" type="checkbox"/> (Did Not) Witness This Injury.	Employee Full Name (print): <u>Peduto</u>	Employee Signature: <u>Peduto</u>	Rank/Title: <u>CO</u>	Shield/ID #: <u>9309</u>
---	---	-----------------------------------	-----------------------	--------------------------

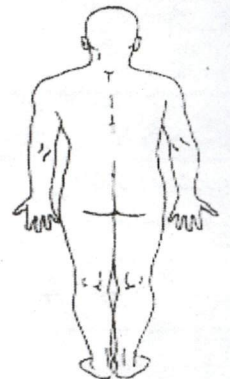
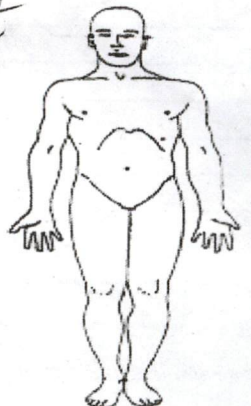
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)

Date of Injury: <u>8/3/20</u>	Reported for Medical Attention: <u>8/3/20 12:00</u> Hrs.	Inmate Refused Medical Attention: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Visible Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------	--	---	---

Nature/Reported Mechanism of Injury:

 Medical Staff Must Note
Location of Injury:

As above
pt chest and abdomen x3 - no apparent
distress - some injury and pain. It
has no signs of trauma



Serious injuries confirmed during initial evaluation

(Select "Pending - Requires Further Evaluation" if additional testing / imaging / follow-up needed):

- | | | |
|---|--|---|
| <input type="checkbox"/> Laceration requiring sutures, staples or glue (e.g. dermabond) | <input type="checkbox"/> Fracture | <input type="checkbox"/> Clinical Nasal Fracture |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Tendon Tear | <input type="checkbox"/> Amputation |
| <input type="checkbox"/> Structural injury to organ (e.g. corneal abrasion, hepatic laceration) | <input type="checkbox"/> Post-concussive syndrome or head injury requiring imaging such as CT or MRI | <input type="checkbox"/> Blistering burn involving the face or >9% of total body surface area |

☒ NO SERIOUS INJURY

☐ Pending - Requires Further Evaluation

Treatment: Injury
pt chest injury and pain, has no
signs of trauma - it appears stable

 Disposition and Transportation Requirements (If applicable):
Please check which apply

- | | | | |
|---|---|------------------------------|--|
| <input type="checkbox"/> Urgicare / X-Ray | <input type="checkbox"/> Hospital Transfer: | <input type="checkbox"/> EMS | <input type="checkbox"/> Intra-Departmental Transfer |
| <input checked="" type="checkbox"/> None / Return to Housing Area | | | |

Initially Triaged/Treated By/Examined By (Print and Sign Full Name): <u>DEBORA SP...</u>	Date: <u>8-3-20</u>	Time: <u>12:00</u> Hrs.
--	---------------------	-------------------------

I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:

Inmate Signature: <u>[Signature]</u>	B&C / Sentence #: <u>3491603090</u>	Date: <u>8/3/20</u>
Witnessed By (Signature): <u>[Signature]</u>	Rank/Title: <u>CO</u>	Shield / I.D. #: <u>13730</u> Date: <u>8/3/20</u>

DEF 003956



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MED - Urgicare Call

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Urgicare Call:

Urgicare Physician: Adam Litroff DO

Referring MD/PA/NP/RN: No Call / Bellevue ED Dr. Paulis

Time of Call: 21:40

Evaluation Completed Using: Phone

Chief Complaint: Called by Bellevue ED Dr. Paulis stating patient was in ED and requesting HPI / reason for transport to hospital. Urgi was not previously called about this patient regarding hospital run.

CHER note reviewed, noted patient had UOF and claimed difficulty breathing, but was then noted to place himself on the ground, refused to ambulate, and stated he had back and neck pain. Documented examination states no spinal tenderness, no cardio/respiratory distress and that patient was uncooperative with examination. Patient was then sent out by EMS. Discussed w/ Dr. Paulis.

Category: Trauma

Urgi Call Initial Disposition: Sent on 911 from facility without consultation from Urgicare

Additional Follow-Up Needed? Follow-up by primary care in patient's facility, Hospital Return

Signed By: Litroff, Adam at 8/4/2020 6:38:17 AM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MED - Emergency Response

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **RR**

Emergency Information

Time of emergency call to clinic (Military Time): 1455

Time of CHS arrival to location of emergency (military time) 1500

Responding Team Members: Dr. Mejia, Ms. Louise, RN, CO. Cruz

DOC supervisor (Captain or above) present? Yes

Location of emergency call: Intake/Holding pen

Nature of emergency (Chief Complaint): As per DOC the client was having difficulty breathing

Emergency Response Note: A medical emergency activated to the Intake area by DOC.

The medical-nursing team escorted by a DOC staff attended to the area, as per DOC while the client was escorted out of the PEN Holding area by DOC for special search after this client apparently was involved in a use of force with DOC when he snatched a DOC own property, the client threw himself to the floor.

Upon arrival the client was found lying on his stomach with both his arm acrossed under his body,

Alert, responsive, in non apparent distress, Obese, large size man.

The client claimed hurting his lower back and neck.

The client was assessed in the area, no tender spot on his back or neck, uncooperative to assist himself or allow to be assisted to move-position himself around for better evaluation

Skin: pink coloration, good turgor.

Lungs: clear, good air entry, no wheezes, no rales or rhonchi.

Pulse Oximetry, FS, HR, RR were obtained.

EMS activated for EMS r/o Lower back - Neck injury, less likely. Very large size male, in non apparent ditress or pain. Huge muscular-fat neck. Refused to be move or assisted to move by medical in order to give a better positioning and neck collar.

EMS was activated.

EMS # D573

Job # 2498.

This client needs special DOC escort team [ESU] as per DOC.

Follow-Up/Treatment

Follow-up Plan: EMS run.

Treatment provided: Albuterol Inhler 2 puffs given upon his request by nursing with the Client personal Albuterol MDI. tolerated treatment uneventfully, despite the client was not displaying signs or symptoms of acute exacerbation of Bronchial athma.

Disposition

Disposition: EMS Hospital - Medical

Time EMS/911 contacted (Military Time): 1510

EMS Job Number Provided: 573

Time EMS departure (Military Time): 1630

MED - Assessment & Plan



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **RR**

Allergy Review

* **CARROT (Critical)**
FISH DERIVED (FLAVORING AGENT) (Critical)
Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)
Poultry (Moderate)
fish derived (Moderate)
lactose (Moderate)

Allergies reviewed:
YES

Assessment:

Problem # 1:

Fall on same level - unspecified - initial encounter (ICD-E888.8) (ICD10-W18.30xA) - New Problem

Bullet Assessment: Comment Only

Summary:

Added new problem of Fall on same level, unspecified, initial encounter (ICD-E888.8) (ICD10-W18.30xA) - Signed

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **RR**

General

General Appearance: No Acute Distress, Well-developed, Well-Hydrated, Well-Nourished, Well-Groomed, Appears stated age

Respiratory

Respiratory Effort: No respiratory distress

Auscultation: Clear to auscultation bilaterally

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **RR**

Disposition

Selected disposition: **EMS Hospital - Medical**

Signed By: Mejia, Franklin at 8/3/2020 5:43:20 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

NU - Emergency Response

Patient:
PETER RODRIGUEZ

Facility:
MDC

Book and Case:
3491603090

NYSID:
09839298P

DOB:
11/06/1990

Housing Area:
RR

Time of emergency call to clinic (Military Time): 1455

Time of housing area arrival (Military Time): 1500

Responding Team Members: RN LOUIS, DR MEJIA AND CO CRUZ

DOC supervisor (Captain or above) present? Yes

Time of DOC supervisor (captain or above) arrival to location of emergency (military time): 1500

Location of emergency call: Intake/Holding pen

Nature of emergency (Chief Complaint): AS PER DOC PATIENT HAS DIFFICULTY BREATHING

Treatment provided: FINGER STICK PULSE OX TAKEN. WRITER WAS UNABLE TO TAKE PATIENT'S BLOOD PRESSURE DUE THE POSITION HE WAS IN. PATIENT WAS EVALUATED BY DR MEJIA

Assessment: RESPONDED TO EMERGENCY IN INTAKE. UPON ARRIVING TO THE AREA. DOC STAFF STATE PATIENT DROPPED HIMSELF ON THE FLOOR. PATIENT RODRIGUEZ WAS FOUND ON THE FLOOR IN PRONE POSITION WITH THE PROBE TEAM AROUND. HE IS ALERT AND RESPONSIVE TO VERBAL AND TACTIL STIMULI. MR RODRIGUEZ IS COMPLAINING OF LOWER BACK AND NECK PAIN. WRITER WAS UNABLE TO TAKE PATIENT'S BLOOD PRESSURE DUE THE POSITION HE WAS IN. PATIENT STATES HE CAN'T MOVE. PATIENT WAS EVALUATED BY DR MEJIA AND EMS WAS ACTIVATED @ 1505. OPERATOR # D-573 AND JOB # 2498. EMS ARRIVED IN INTAKE @ 1531 AND PATIENT WAS TRANSPORTED TO THE CLINIC VIA STRETCHER WAITING FOR ESU TO ARRIVE. ESU ARRIVED IN THE CLINIC @ 1616 AND LEFT CLINIC WITH PATIENT AND EMS TEAM @ 1630.

Plan: PATIENT WILL BE GOING OUT EMS FOR FURTHER EVALUATION

Launch Disposition form:

NU - Vital Signs

Patient: PETER RODRIGUEZ **DOB:** 11/06/1990 **Age:** 29 Years Old

Book & Case #: 3491603090 **NYSID:** 09839298P

Facility: MDC **Housing Area:** RR

Current Vital Signs

Last height (inches): 72 (11/15/2019 5:46:00 PM) **Last Weight:** 280 (11/15/2019 5:46:00 PM)
oF

Pulse rate: 71 **Pulse rhythm:** Regular

Finger Stick (Blood Sugar): 115

RR: 14 **Respiration Type:** Unlabored

Pulse Ox: 98% **Room Air:** Yes



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Signed By: Louis, Carline at 8/3/2020 6:05:03 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

ALL - Missed Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Missed Visit Type

Missed Visit type? Specialty - On-Site

The following services were missed (Specialty): Podiatry

Missed Visit Comments

Date of scheduled visit? 08/03/2020

What was the reason for missed visit? Not Produced

Missed visit comments: Reschedule

Signed By: Estrada, Yaneth at 8/3/2020 3:31:55 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

ALL - Missed Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Missed Visit Type

Missed Visit type? Social Work

The following services were missed (Social Work): MH - Social Work Medicaid Application

Missed Visit Comments

Date of scheduled visit? 08/03/2020

What was the reason for missed visit? Not Produced

Missed visit comments: as per DOC no escort available

Signed By: Santiago, Denisse at 8/3/2020 2:16:44 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MED - Indirect Encounter Note

Reason: **contraindication**

Note: **doc requests contraindications for the use of stun shield and chemical agents for this pt , chrat review pt not a candidate for the use of chemical agent . doc made aware**

New Rx, New Orders, New Allergies, New Problems

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Allergy Review

*** CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Assessment:

Problem # 1:

Asthma (ICD-493.90) (ICD10-J45.909)

doc requests contraindications for the use of stun shield and chemical agents for this pt , chrat review pt not a candidate for the use of chemical agent . doc made aware

Summary:

Signed By: Ogbenna, Edith at 8/3/2020 8:14:06 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

SUBJECTIVE

MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Initial Eval / Update

Initial Evaluation? **Yes**

CHS Injury Report

DOC Injury Report available? **Yes**

DOC Injury Report #: **347**

Injury Date: **08/03/2020**

Injury HPI: **pt presented by doc for injury evaluation and treatment. pt said to have been involved in the use of force with doc staff, pt denies injury and pain , has no signs of trauma**

Event Location: **Housing Area**

Cause: **DOC use of force/alleged attack by staff**

Verified Injury: **Injury by history only**

Did the patient have a blow to the head? **No**

Is there a nasal injury? **No**

Injury Determination: Were any of the following present? None of the above (no serious injury)

OBJECTIVE

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Current Vital Signs

Last height (inches): **72 (11/15/2019 5:46:00 PM)** Last Weight: **280 (11/15/2019 5:46:00 PM)**

BP Position: **Sitting**

BP: **122 / 83** mm Hg

Temperature: **98.1** FoF

Temperature site: **Oral**

Pulse rate: **88** Pulse rhythm: **Regular**

RR: **14** Respiration Type: **Unlabored**

Pulse Ox: **96%** Room Air: **Yes**

ASSESSMENT

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Allergy Review



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

* CARROT (Critical)
FISH DERIVED (FLAVORING AGENT) (Critical)
Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)
Poultry (Moderate)
fish derived (Moderate)
lactose (Moderate)

Allergies reviewed:
YES

Assessment:

Problem # 1:

Injury - unspecified - initial encounter (ICD10-T14.90xA)
pt presented by doc for injury evaluation and treatment. pt said to have been involved in the use of force with doc staff, pt denies injury and pain , has no signs of trauma

PLAN

Summary:

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

General

General Appearance: No Acute Distress

HEENT: Head Normocephalic, Atraumatic, No scalp lesions

HEENT: Eyes PERRLA, EOMI

HEENT: Ears Tympanic membranes intact bilaterally

HEENT: Nose Normal pink mucosa

HEENT: Throat Clear, No erythema or exudate

HEENT: Oral Cavity No lesions seen, Moist mucosa

Skin

Skin Notes: no rash or lesion

Neck

Neck: Supple, No nuchal rigidity, Normal ROM

Respiratory

Respiratory Effort: No respiratory distress

Auscultation: Clear to auscultation bilaterally

Percussion: No dullness to percussion

Cardiovascular

Auscultation: RRR, Normal S1 + S2

Musculoskeletal

Gait & Station: Normal

Joints: FROM shoulder bilaterally, FROM hips bilaterally, FROM knees bilaterally



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Signed By: Ogbenna, Edith at 8/3/2020 5:07:17 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

SUBJECTIVE

MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Initial Eval / Update

Initial Evaluation? **Yes**

CHS Injury Report

DOC Injury Report available? **Yes**

DOC Injury Report #: **346**

Injury Date: **08/02/2020**

Injury HPI: **pt presented by doc for injury evaluation and treatment , pt said to have been exposed to smoke inhalation yesterday , pt currently alert and oriented x 3 , in no respiratory distress , denies chest pain , no sob . , pt appears stable f/u as needed**

Event Location: **Housing Area**

Cause: **Other (Specify in 'Notes' field)**

Describe Other Cause: **smoke inhalation**

Verified Injury: **Injury by history only**

Did the patient have a blow to the head? **No**

Is there a nasal injury? **No**

Injury Determination: Were any of the following present? None of the above (no serious injury)

OBJECTIVE

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Current Vital Signs

Last height (inches): **72 (11/15/2019 5:46:00 PM)** Last Weight: **280 (11/15/2019 5:46:00 PM)**

BP Position: **Sitting**

BP: **122 / 83** mm Hg

Temperature: **98.8** FoF

Temperature site: **Oral**

Pulse rate: **88** Pulse rhythm: **Regular**

RR: **14** Respiration Type: **Unlabored**

Pulse Ox: **96%** Room Air: **Yes**

ASSESSMENT

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Allergy Review

* CARROT (Critical)

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Allergies reviewed:

YES

Assessment:

Problem # 1:

Smoke inhalation(alleged) (ICD-508.2) (ICD10-J70.5)

pt presented by doc for injury evaluation and treatment , pt said to have been exposed to smoke inhalation yesterday , pt currently alert and oriented x 3 , in no respiratory distress , denies chest pain , no SOB , pt appears stable f/u as needed

PLAN

Summary:

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

General

General Appearance: No Acute Distress

HEENT: Head Normocephalic, Atraumatic, No scalp lesions

HEENT: Eyes PERRLA, EOMI

HEENT: Ears Tympanic membranes intact bilaterally

HEENT: Nose Normal pink mucosa

HEENT: Throat Clear, No erythema or exudate

HEENT: Oral Cavity No lesions seen, Moist mucosa

Skin

Skin Notes: no rash or lesion

Neck

Neck: Supple, Normal ROM

Respiratory

Respiratory Effort: No respiratory distress

Auscultation: Clear to auscultation bilaterally

Percussion: No dullness to percussion

Cardiovascular

Auscultation: RRR, Normal S1 + S2

Musculoskeletal



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Gait & Station: Normal

Joints: FROM shoulder bilaterally, FROM hips bilaterally, FROM knees bilaterally

Signed By: Ogbenna, Edith at 8/3/2020 5:06:59 PM

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

REFERRAL ORDER

Authorizing Provider: Parviz Rafaelmehr MD
Auth Provider NPI: 1962582676
Signing Provider: Parviz Rafaelmehr MD
Phone:
Fax:

Service Provider: CHS

Phone:
Fax:

Patient Name: PETER RODRIGUEZ
Home Phone:
Work Phone:
Resp. Provider:

DOB: Nov 06, 1990 **Age:** 31
Sex: Male **SSN:**
Cell Phone: **Patient ID:** 23447

Primary Ins:
Group:
Policy:
Insured ID:

Secondary Ins:
Group:
Policy:
Insured ID:

Code

PODIA

Description

Referral - Podiatry

Order Number:

526945-1

Authorization #:**Start Date:**

08/03/2020

Electronically signed by: Parviz Rafaelmehr MD**Instructions:**

please evaluate for feet discomfort

Diagnoses

DIAGNOSIS DEFERRED (ICD-R69)

Quantity: 1**Priority:****End Date:** 10/03/2039**Signed on:** 6/8/2020 1:37:03 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

BHPW

INJURY 346



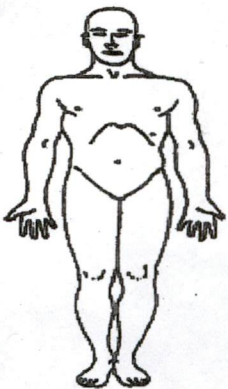
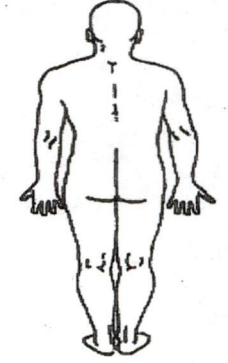
Imported By: Ajele Bowers 8/4/2020 8:44:26 AM

External Attachment:

Type: Image

Comment: External Document

Signed By: Bowers, Ajele at 8/4/2020 8:44:31 AM

	CORRECTION DEPARTMENT CITY OF NEW YORK	
INJURY TO INMATE REPORT		Page 1 of 2 Pages
Form: 167R-A Rev.: 10/3/19 Ref.: Dir. 4516R-D		
INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed Investigation to Security.		
Command: <u>MDC</u>	Date: <u>8-2-20</u>	COD/UOF #: <u> </u>
		Injury #: <u>346</u>
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).		
Inmate Name (Last Name, First Name): <u>Rodriguez Peter</u>		
Location Where Injury Occurred: <u>9 South</u>	Inmate's Housing Area: <u>9 South</u>	NYSID #: <u>09839298P</u>
Book & Case/Sentence #: <u>3491603090</u>		
Details: <u>On Sunday August 2 2020 at approximately 1505 hours Rodriguez Peter B/C 3491603090 NYSD 09839298P is claiming smoke inhalation exposure</u>		
Supervisor Notified (Print Last Name, First Name, Rank, Shield #): <u>Wilson Captain #166</u>		
		Date: <u>8-2-20</u>
		Time: <u>1700</u> Hrs.
Employee: I <input type="checkbox"/> (Did) <input checked="" type="checkbox"/> (Did Not) Witness This Injury.	Employee Full Name (print): <u>Pedro</u>	Employee Signature: <u>Pedro</u>
		Rank/Title: <u>CO</u>
		Shield/ID#: <u>9309</u>
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)		
Date of Injury: <u>8/2/20</u>	Reported for Medical Attention: <u>8/2/20</u> (Hrs)	Inmate Refused Medical Attention: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Visible Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Nature/Reported Mechanism of Injury: <u>As above</u> <u>pt fell and oriented x3 - no apparent</u> <u>respiratory distress or</u> <u>sub. vital signs w L.</u>		Medical Staff Must Note Location of Injury:
Serious injuries confirmed during initial evaluation (Select "Pending - Requires Further Evaluation" if additional testing / imaging / follow-up needed):		 
<input type="checkbox"/> Laceration requiring sutures, staples or glue (e.g. dermabond) <input type="checkbox"/> Fracture <input type="checkbox"/> Clinical Nasal Fracture <input type="checkbox"/> Dislocation <input type="checkbox"/> Tendon Tear <input type="checkbox"/> Amputation <input type="checkbox"/> Structural injury to organ (e.g. corneal abrasion, hepatic laceration) <input type="checkbox"/> Post-concussive syndrome or head injury requiring imaging such as CT or MRI <input type="checkbox"/> Blistering burn involving the face or >9% of total body surface area <input checked="" type="checkbox"/> NO SERIOUS INJURY <input type="checkbox"/> Pending - Requires Further Evaluation		
Treatment: <u>Smoke Inhalation</u> <u>pt appears stable thru PRN</u>		
Disposition and Transportation Requirements (If applicable): Please check which apply		
<input type="checkbox"/> Urgicare / X-Ray <input type="checkbox"/> Hospital Transfer: <input type="checkbox"/> EMS <input type="checkbox"/> Intra-Departmental Transfer		
<input checked="" type="checkbox"/> None / Return to Housing Area		
Initially Triaged/Treated By/Examined By (Print and Sign Full Name): <u>DEBORA OF 6</u>		Date: <u>8/2/20</u>
		Time: <u>12:20</u> Hrs
I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:		
Inmate Signature: <u>X Rodriguez Peter</u>	B&C / Sentence #: <u>3491603090</u>	Date: <u>8/3/20</u>
Witnessed By (Signature): <u>CS</u>	Rank/Title: <u>CO</u>	Shield / I.D. #: <u>13780</u>
		Date: <u>8/3/20</u>

DEF 003974

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

REFERRAL ORDER

Authorizing Provider: David Kerrison MD
Auth Provider NPI: 1538399639
Signing Provider: David Kerrison MD
Phone:
Fax:

Service Provider: CHS

Phone:
Fax:

Patient Name: PETER RODRIGUEZ
Home Phone:
Work Phone:
Resp. Provider:

DOB: Nov 06, 1990
Sex: Male
Cell Phone:
Age: 31
SSN:
Patient ID: 23447

Primary Ins:
Group:
Policy:
Insured ID:

Secondary Ins:
Group:
Policy:
Insured ID:

Code
DENTAL
Description
Referral - Dental

Order Number: 580023-1
Authorization #:
Start Date: 08/02/2020
Electronically signed by: David Kerrison MD
Instructions: 29 yr old man requests dental referral for teeth cleaning. Thank you.

Diagnoses
OTHER SPECIFIED DISORDERS OF TEETH AND
SUPPORTING STRUCTURES (ICD-K08.89)
Quantity: 1
Priority:
End Date: 09/01/2020
Signed on: 8/2/2020 10:56:09 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MED - Sick Call Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

FAST TRACK

Chief Complaint/Reason for Visit: **BING ROUNDS - Requests Podiatry & Dental referrals**

History of Present Illness: **Pt requests Podiatry & Dental referrals. Review of order schedule reveals that patient has a Podiatry appointment for 8/3/20. Patient requests Dental referral for teeth cleaning.**

Vital Signs Review

BP: **134/78** Pulse: **98** Pulse Rhythm: **Regular**

RR: **16** Resp Quality: **Unlabored**

O2 Sat: **99%** T: **98.8F**

Open Orders:

Medical Order - Chronic Care Follow-up [CHRONICFOLLOW]

TPR [MHMIGRATION]

MH Social Work Order - 30/90 Day Follow-Up [3090FOLLOW]

Chem 7 Panel [0768-2]

Hepatic Function Panel [3422-3]

Referral - Podiatry [PODIA]

Dental Order - Cleaning [DENTCLEAN]

Referral - Bellevue, Dermatology [BELLEDERM]

Medical Order - Annual Physical [ANNUALPHY]

Patient Transfer [INTTRANS]

MH Social Work Order - Medicaid Application [MEDICAIDPRE]

Nursing Order - VS/BP Check [VITALS]

MH Order - TPR and MH Clinician's Progress Note [TPR]

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Allergy Review

*** CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Assessment:

Problem # 1:

Other specified disorders of teeth and supporting structures (ICD-525.8) (ICD10-K08.89) - New Problem

Summary:



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Added new problem of Other specified disorders of teeth and supporting structures (ICD-525.8) (ICD10-K08.89)

Assessed Other specified disorders of teeth and supporting structures as new

Added new Referral order of Referral - Dental (DENTAL) - Signed

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Disposition

Selected disposition: **Return to Current Housing**

Signed By: Kerrison, David at 8/2/2020 10:56:40 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

RX MED ORDER

Imported By: Ajele Bowers 8/3/2020 11:15:37 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Bowers, Ajele at 8/3/2020 11:16:00 AM

Correctional Health Services

55 Water Street 18th Fl, New York, NY , USA 10041

Ph: (347) 774-7000

Patient Name & Address:

RODRIGUEZ, PETER
HOMELESS

Date: 8/1/2020

DOB: 11/6/1990

Sex: Male

Location: MDC 9S

NYSID:09839298P

Book and Case: 3491603090

Allergies: Please call clinic for allergy information.

Rx ACETAMINOPHEN 325 MG (TYLENOL 325 MG) 3

tabs stat DOT-RN/LPN

Generic: ACETAMINOPHEN

Indications: UNSPECIFIED FALL, INITIAL
ENCOUNTER(ICD-E888.9)(ICD10-W19.xxxA)**Note:** Route: ORAL;

Qty:***3*** THREE

Refill: ***0*** ZERO

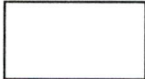
Start Date: 8/1/20

Stop Date: 8/1/20

Gloria Ihenacho MD

DEA #: FI0005670

LIC #: 236910

THIS PRESCRIPTION WILL BE
FILLED GENERICALLY UNLESS
PRESCRIBER WRITES 'd.a.w.'
IN THE BOX BELOW

Dispense as Written

VOID**VOID****VOID**



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

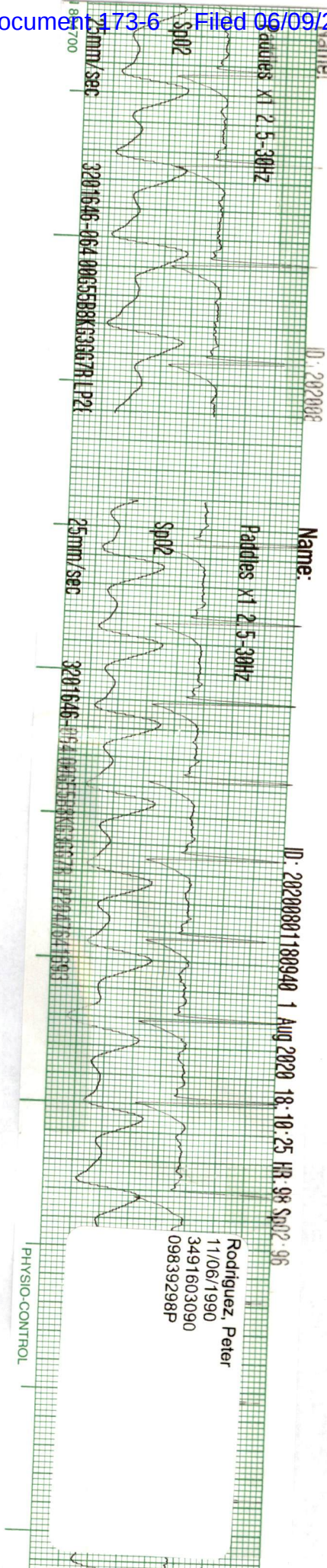
EKG

Imported By: Ajele Bowers 8/3/2020 10:56:30 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Bowers, Ajele at 8/3/2020 10:57:01 AM



DEF 003981



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

SUBJECTIVE

MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Initial Eval / Update

Initial Evaluation? **Yes**

CHS Injury Report

DOC Injury Report available? **Yes**

DOC Injury Report #: **316**

Injury Date: **07/31/2020**

Injury HPI: **For evaluation following passive smoke inhalation
had chest tightness earlier but is OK now**

Event Location: **Housing Area**

Cause: **Enviornmental**

Verified Injury: **Injury by history only**

Did the patient have a blow to the head? **No**

Is there a nasal injury? **No**

Bodily location of injury: **Torso**

Injury Determination: Were any of the following present? None of the above (no serious injury)

ASSESSMENT

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Allergy Review

*** CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Allergies reviewed:

YES

Assessment:

Problem # 1:

Passive smoke exposure (ICD-E869.4) (ICD10-Z77.22)

stable now

F/U PRN

Return to housing unit



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

PLAN

Summary:

Assessed Passive smoke exposure as comment only

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

General

General Appearance: No Acute Distress, Well-developed, Obese

HEENT: Head Normocephalic, Atraumatic, No scalp lesions

HEENT: Eyes PERRLA, Conjunctiva Clear

Neck

Neck: Supple, No JVD, Normal ROM

Respiratory

Respiratory Effort: No respiratory distress

Auscultation: Clear to auscultation bilaterally

Cardiovascular

Palpation: PMI mid-clavicular line - not enlarged - 5th intercostal space

Auscultation: RRR, Normal S1 + S2

Gastrointestinal

Abdomen: Soft, Non-tender, Non-distended, Normal bowel sounds

Musculoskeletal

Gait & Station: Normal

Head & Neck: No tenderness

Back: Negative straight leg raise test bilaterally, No CVAT bilaterally

Neurological

Reflexes: 2 + reflexes bilaterally

Sensation: Normal sensation V1 - V3 - bilaterally upper and lower extremities

Strength: 5/5 in all extremities

Mental Status

Judgement & Insight: Good

Orientation: Oriented to person/place/time

Signed By: Ihenacho, Gloria at 8/1/2020 8:57:15 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

NU - Emergency Response

Patient:

PETER RODRIGUEZ

Facility:

MDC

Book and Case:

3491603090

NYSID:

09839298P

DOB:

11/06/1990

Housing Area:

9S

Time of emergency call to clinic (Military Time): 1746

Time of housing area arrival (Military Time): 1750

Responding Team Members: Dr. Ilencho, K. Pearson, LPN, C. Davis, PCA

DOC supervisor (Captain or above) present? Yes

Time of DOC supervisor (captain or above) arrival to location of emergency (military time): 1750

Location of emergency call: Intake/Holding pen

Nature of emergency (Chief Complaint): difficulty breathing

Treatment provided: vital signs done medication given

Assessment: Patient found in prone position in shower. patient assisted to wheelchair and transferred to the clinic. patient medicated

Plan: patient left the clinic and went back to housing area

Launch Disposition form:

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Current Vital Signs

Last height (inches): **72 (11/15/2019 5:46:00 PM)** Last Weight: **280 (11/15/2019 5:46:00 PM)**

BP Position: **Sitting**

BP: **134 / 78** mm Hg

Temperature: **98.8** FoF

Temperature site: **Oral**

Pulse rate: **98** Pulse rhythm: **Regular**

Finger Stick (Blood Sugar): **113**

RR: **16** Respiration Type: **Unlabored**

Pulse Ox: **99%** Room Air: **Yes**

NU - STAT/Injection Administration

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Medication #1

Medication Given: Acetaminophen

Given By: Kinniece Pearson August 1, 2020

Prescribing Provider: Dr Ihenacho

Assessment: headache

Medication Route: Oral

Medication Dose: 975 mg

Time Administered: 1756

Plan: given

Signed By: Pearson, Kinniece at 8/1/2020 7:58:20 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

MED - Emergency Response

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Emergency Information

Time of emergency call to clinic (Military Time): 1746
Time of CHS arrival to location of emergency (military time) 1750
Responding Team Members: Dr Ihenacho, LPN Pearson, PCA Davis
DOC supervisor (Captain or above) present? Yes
Time of DOC supervisor (captain or above) arrival to location of emergency (military time): prior to arrival
Location of emergency call: Intake/Holding pen
Nature of emergency (Chief Complaint): unknow just extraction
Emergency Response Note: On arrival Pt was on the ground prone with proteam who said he stated he could not breathe and later on laid down not moving
Pt was assisted to the stretcher
He stated that during the extraction he fell and passed out . He was assessed and vitals were normal and placed on monitor with HR 96-98 and wheeled to clinic for further evaluation

Follow-Up/Treatment

Disposition

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**
Book & Case #: **3491603090** NYSID: **09839298P**
Facility: **MDC** Housing Area: **9S**

Allergy Review

* **CARROT (Critical)**
FISH DERIVED (FLAVORING AGENT) (Critical)
Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)
Poultry (Moderate)
fish derived (Moderate)
lactose (Moderate)

Allergies reviewed:
YES

Assessment:

Problem # 1:
Unspecified fall - initial encounter (ICD-E888.9) (ICD10-W19.xxxA) - New Problem
cold pack
acetaminophen

Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Problem # 2:

Abrasion of unspecified finger - initial encounter (ICD-915.0) (ICD10-S60.419A) - New Problem
 cleaned and dressed with bandaid

F/u PRN

return to housing unit

Summary:

Added new problem of Unspecified fall, initial encounter (ICD-E888.9) (ICD10-W19.xxxA)

Added new problem of Abrasion of unspecified finger, initial encounter (ICD-915.0) (ICD10-S60.419A)

Assessed Unspecified fall, initial encounter as new

Assessed Abrasion of unspecified finger, initial encounter as new

Added new medication of ACETAMINOPHEN 325 MG (TYLENOL 325 MG) (ACETAMINOPHEN) 3 tabs stat; Route: ORAL Indications: UNSPECIFIED FALL, INITIAL ENCOUNTER - Signed

Added new medication of ACETAMINOPHEN 325 MG (TYLENOL 325 MG) (ACETAMINOPHEN) 3 tabs twice a day as needed.; Route: ORAL Indications: UNSPECIFIED FALL, INITIAL ENCOUNTER

Rx of ACETAMINOPHEN 325 MG (TYLENOL 325 MG) (ACETAMINOPHEN) 3 tabs stat Route: ORAL #3 x 0; Signed; Entered by: Gloria Ihenacho MD; Authorized by: Gloria Ihenacho MD; Method used: Print then Give to Patient; Note to Pharmacy: Route: ORAL;

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

General

General Appearance: No Acute Distress, Obese

HEENT: Head Normocephalic, Atraumatic, No scalp lesions

HEENT: Eyes PERRLA, EOMI, Conjunctiva Clear

HEENT: Throat Clear

HEENT: Oral Cavity No lesions seen

Skin

Palpation: Abrasion

Abrasion (Location & Description) tiny abrasion on left 5th finger see injury 310

Respiratory

Respiratory Effort: No respiratory distress

Auscultation: Clear to auscultation bilaterally

Cardiovascular

Palpation: PMI mid-clavicular line - not enlarged - 5th intercostal space

Auscultation: RRR, Normal S1 + S2

Gastrointestinal

Abdomen: Soft, Non-tender, No masses palpated, Normal bowel sounds

Musculoskeletal

Gait & Station: Normal

Head & Neck: No tenderness

Back: No CVAT bilaterally

Neurological

Reflexes: 2 + reflexes bilaterally



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Sensation: Normal sensation V1 - V3 - bilaterally upper and lower extremities

Strength: 5/5 in all extremities

Mental Status

Judgement & Insight: Good

Orientation: Oriented to person/place/time

Mood & Affect: Euthymic, Normal affect, Responds to questions appropriately

Signed By: Ihenacho, Gloria at 8/1/2020 8:39:23 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

SUBJECTIVE

MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Initial Eval / Update

Initial Evaluation? **Yes**

CHS Injury Report

DOC Injury Report available? **Yes**

DOC Injury Report #: **310**

Injury Date: **08/01/2020**

Injury HPI: **Was brought s/p UOF by DOC that he fell down and passed out and scraped his finger**

Event Location: **Intake/Holding pen**

Cause: **DOC use of force/alleged attack by staff**

Verified Injury: **Physical evidence of injury**

Did the patient have a blow to the head? **No**

Is there a nasal injury? **No**

Bodily location of injury: **Arms/Hands**

Injury Determination: Were any of the following present? None of the above (no serious injury)

ASSESSMENT

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Allergy Review

*** CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Allergies reviewed:

YES

Assessment:

Problem # 1:

Abrasion of unspecified finger - initial encounter (ICD-915.0) (ICD10-S60.419A) - New Problem
cleaned and dressed with bandaid



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

PLAN

Summary:

Changed problem from Abrasion of unspecified finger, initial encounter (ICD-915.0) (ICD10-S60.419A) to Abrasion of unspecified finger, initial encounter (ICD-915.0) (ICD10-S60.419A)
Added new problem of Unspecified fall, initial encounter (ICD-E888.9) (ICD10-W19.xxxA)
Added new problem of Unspecified fall, initial encounter (ICD-E888.9) (ICD10-W19.xxxA)

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

General

General Appearance: No Acute Distress

HEENT: Head Normocephalic, Atraumatic, No scalp lesions

HEENT: Eyes PERRLA, EOMI, Conjunctiva Clear

HEENT: Ears Tympanic membranes intact bilaterally

HEENT: Nose Normal pink mucosa

HEENT: Oral Cavity No lesions seen

Skin

Palpation: Abrasion

Abrasion (Location & Description) tiny abrasion or scrape on the left 5th finger

Neck

Neck: Supple, No thyromegaly, No lymphadenopathy, Normal ROM

Cardiovascular

Palpation: PMI mid-clavicular line - not enlarged - 5th intercostal space

Auscultation: RRR, Normal S1 + S2

Gastrointestinal

Abdomen: Soft, Non-tender, Normal bowel sounds

Musculoskeletal

Gait & Station: Normal

Joints: No hand/wrist tenderness bilaterally

Neurological

Cranial nerves: Cranial Nerves II -> XII intact bilaterally

Reflexes: 2 + reflexes bilaterally

Sensation: Normal sensation V1 - V3 - bilaterally upper and lower extremities

Cerebellar: Normal finger-to-nose

Movement: No tremor

Mental Status

Judgement & Insight: Good

Orientation: Oriented to person/place/time

Mood & Affect: Responds to questions appropriately

Signed By: Ihenacho, Gloria at 8/1/2020 8:53:16 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MED - Indirect Encounter Note

Reason: **Pt's last visit date to the clinic ; requested by DOC Forde # : 12651 .**

Note: **Pt's last visit date to the clinic ; requested by DOC Forde # : 12651 .**

MD reviewed the pt's medical records in CHER .

Pt was seen at the clinic for evaluation on 07/28/2020 .

DOC Forde notified .

New Rx, New Orders, New Allergies, New Problems

Signed By: Desrosiers, Jean-Claude at 7/31/2020 1:48:05 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Patient: PETER RODRIGUEZ
ID: BIOR 106715430

Note: All result statuses are Final unless otherwise noted.

Tests: (1) QFT - TB GOLD PLUS (QUANTIFERON) (T814-3)

M TB IGNF Bld Q1 NEGATIVE NEGATIVE

*1

Gamma interferon bg 0.01 IU/mL

*2

M TB IGNF bckgrd cor 0.29 IU/ml

*3

! COMP.TB2 AG-NIL VALU 0.26 IU/ml

*4

Mitogen IGNF bckgrd 8.76 IU/ml

*5

Comment: NOTE: DIAGNOSING OR EXCLUDING TUBERCULOSIS DISEASE, AND ASSESSING THE PROBABILITY OF LTBI, REQUIRES A COMBINATION OF EPIDEMIOLOGICAL, HISTORICAL, MEDICAL, AND DIAGNOSTIC FINDINGS THAT SHOULD BE TAKEN INTO ACCOUNT WHEN INTERPRETING QUANTIFERON-TB GOLD PLUS

RESULTS. SEE GENERAL GUIDANCE ON THE DIAGNOSIS AND TREATMENT OF TB DISEASE AND

LTBI ([HTTPS://WWW.CDC.GOV/TB/PUBLICATIONS/GUIDELINES/DEFAULT.HTM](https://www.cdc.gov/tb/publications/guidelines/default.htm)) .

* -----

* -----

* NIL TB1-NIL TB2-NIL MITOGEN-NIL QFT

* -----

* [IU/ML] [IU/ML] [IU/ML] [IU/ML] PLUS RESULT

* -----

* -----

* < /=8.00 (> /=0.35 ANY ANY POSITIVE

* -----

* > /=25%NIL)

* -----

* -----

* -----

* -----

* < /=8.00 ANY (> /=0.35 ANY POSITIVE

* -----

* > /=25%NIL)

* -----

* -----

* -----

* -----

* < /=8.00 <0.35 <0.35 > /=0.50 NEGATIVE

* -----

* OR OR

* -----

* -----

* -----



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

```

*          (>/=0.35          (>/=0.35
*
*          <25%NIL)          <25%NIL)
*
* -----
* </=8.00          <0.35          <0.35          <0.50          INDETERMINATE
*
*          OR          OR
*
*          (>/=0.35          (>/=0.35
*
*          <25%NIL)          <25%NIL)
*
* -----
* >8.00          ANY          ANY          ANY          INDETERMINATE
*
* -----
*

```

NOTE: IN CLINICAL STUDIES, LESS THAN 0.25% OF SUBJECTS HAD INTERFERON

GAMMA LEVELS OF >8.0 IU/ML FOR THE NIL CONTROL.

NOTE: THE MAGNITUDE OF THE MEASURED INTERFERON GAMMA LEVEL CANNOT BE CORRELATED TO STAGE OR DEGREE OF INFECTION, LEVEL OF IMMUNE RESPONSIVENESS OR, LIKELIHOOD FOR PROGRESSION TO ACTIVE DISEASE. A POSITIVE TB RESPONSE IN PERSONS WHO ARE NEGATIVE TO MITOGEN IS RARE, BUT

HAS BEEN SEEN IN PATIENTS WITH TB DISEASE. THIS INDICATES THE INTERFERON

GAMMA RESPONSE TO TB ANTIGEN IS GREATER THAN THAT TO MITOGEN, WHICH IS

POSSIBLE AS THE LEVEL OF MITOGEN DOES NOT MAXIMALLY STIMULATE INTERFERON

GAMMA PRODUCTION BY LYMPHOCYTES.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 07/30/2020 7:22 AM

(1) Order result status: Final

Collection or observation date-time: 07/30/2020 07:16

Requested date-time: 07/28/2020 19:46

Receipt date-time: 07/28/2020 23:08

Reported date-time: 07/30/2020 07:15

Referring Physician:



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Ordering Physician: CURTIS WALKER (walkerc4)
Specimen Source:
Source: BIOR
Filler Order Number: 106715430
Lab site: BioReference Laboratories, Inc.
Producer ID *1:NJ1
Producer ID *2:NJ1
Producer ID *3:NJ1
Producer ID *4:NJ1
Producer ID *5:NJ1

The following results were not dispersed to the flowsheet:
COMP.TB2 AG-NIL VALU, 0.26 IU/ml, (F)

Signed By: Viera, David at 7/30/2020 1:30:39 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
MDC

Patient: PETER RODRIGUEZ
ID: BIOR 106714408

Note: All result statuses are Final unless otherwise noted.

Tests: (1) RPR Serology (0142-0)

REAGIN AB	Non-Reactive {titer}	Non-Reactive
-----------	----------------------	--------------

*1

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 07/29/2020 6:30 AM

(1) Order result status: Final

Collection or observation date-time: 07/29/2020 06:27

Requested date-time: 07/28/2020 19:26

Receipt date-time: 07/28/2020 23:47

Reported date-time: 07/29/2020 06:26

Referring Physician:

Ordering Physician: CURTIS WALKER (walkerc4)

Specimen Source:

Source: BIOR

Filler Order Number: 106714408

Lab site: BioReference Laboratories, Inc.

Producer ID *1:NJ1

Signed By: Viera, David at 7/29/2020 1:28:17 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

MED - Sick Call Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Chief Complaint/Reason for Visit: **Axillary rash**

History of Present Illness: **Pt c/o intermittent eruption of Lt axillary lesion causing pain or irritation**

Vital Signs Review

BP: **157/89** Pulse: **72** Pulse Rhythm: **Regular**

RR: **16** Resp Quality: **Unlabored**

O2 Sat: **97%** T: **98.2F**

Open Orders:

Medical Order - Chronic Care Follow-up [CHRONICFOLLOW]

TPR [MHMIGRATION]

MH Social Work Order - 30/90 Day Follow-Up [3090FOLLOW]

Chem 7 Panel [0768-2]

Hepatic Function Panel [3422-3]

Referral - Podiatry [PODIA]

Dental Order - Cleaning [DENTCLEAN]

Referral - Bellevue, Dermatology [BELLEDERM]

Medical Order - Annual Physical [ANNUALPHY]

Patient Transfer [INTTRANS]

MH Order - TPR and MH Clinician's Progress Note [TPR]

MH Social Work Order - Medicaid Application [MEDICAIDPRE]

RPR Serology [0142-0]

QFT- TB GOLD PLUS [T814-3]

Nursing Order - VS/BP Check [VITALS]

INT - Step 1 - Vitals

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Last height (inches): **72 (11/15/2019 5:46:00 PM)** Last Weight: **280 (11/15/2019 5:46:00 PM)**

baF

Vital Signs Notes: **see nursing note**

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

General

General Appearance: No Acute Distress

Skin

Skin Notes: multiple healed rash in Lt axillary area, no acute eruptions noted



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Respiratory

Respiratory Effort: No respiratory distress

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Allergy Review

*** CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Assessment:

Problem # 1:

Routine general medical exam (ICD-V70.0) (ICD10-Z00.00)

no treatment required, advised to lose weight to decrease chafing in axillary region to reduce irritation or papular eruptions

Problem # 2:

Obesity (ICD-278.00) (ICD10-E66.9)

Total dietary reduction and exercise encouraged

Summary:

Signed By: Appiah, Charles at 7/28/2020 8:37:43 PM

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

TEST FORM

Authorizing Provider:	Curt Walker PA	Service Provider:	BioReference
Auth Provider NPI:	1386830560		
Signing Provider:	Candice Davis PCA		
Phone:		Phone:	
Fax:		Fax:	
Patient Name:	PETER RODRIGUEZ	DOB:	Nov 06, 1990
Home Phone:		Sex:	Male
Work Phone:		Cell Phone:	
Resp. Provider:		Age:	31
		SSN:	
		Patient ID:	23447
Primary Ins:		Secondary Ins:	
Group:		Group:	
Policy:		Policy:	
Insured ID:		Insured ID:	

Code
T814-3

Description
QFT- TB GOLD PLUS

Order Number:
575514-1

Authorization #:

Start Date: 07/28/2020

Electronically signed by: Candice Davis PCA

Instructions:

Diagnoses

Quantity: 1

Priority: N

End Date: 07/28/2020

Signed on: 7/28/2020 7:46:09 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **RR**

Current Vital Signs

Last height (inches): **72 (11/15/2019 5:46:00 PM)** Last Weight: **280 (11/15/2019 5:46:00 PM)**

BP Position: **Sitting**

BP: **157 / 89** mm Hg

Temperature: **98.2** FoF

Temperature site: **Oral**

Pulse rate: **72** Pulse rhythm: **Regular**

RR: **16** Respiration Type: **Unlabored**

Pulse Ox: **97%** Room Air: **Yes**

Vital Signs Notes: **Writer went to 9N accompanied by Captain Cambell and PA Appiah to see Mr Rodriguez. Vital signs taken. Blood for rpr and qft's drawn. Patient is unable to give urine . stated " I don't need that test" Vital signs taken. B/p 157/89. Patient requires a bigger cuff. No complaint offered. No acute distress noted. Patient was educated about the importance of meds compliance and exercise. Patient verbalized understanding. Patient was seen and evaluated by PA Appiah.**

Signed By: Louis, Carline at 7/28/2020 8:04:31 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

MED - Sick Call Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Chief Complaint/Reason for Visit: **RHU Medical Rounds C/o of painfull bump under L arm (axillia) HX of recurrent multiple episodes folliculitis L axillai (hx of shavng under arms in past)**

Vital Signs Review

BP: **133/91** Pulse: **80** Pulse Rhythm: **Regular**

RR: **16** Resp Quality: **Regular**

O2 Sat: **99%** T: **98F**

Open Orders:

Medical Order - Chronic Care Follow-up [CHRONICFOLLOW]

TPR [MHMIGRATION]

MH Social Work Order - 30/90 Day Follow-Up [3090FOLLOW]

Chem 7 Panel [0768-2]

Hepatic Function Panel [3422-3]

RPR Serology [0142-0]

QFT- TB GOLD PLUS [T814-3]

CT/GC PCR Urine [L344-1]

Referral - Podiatry [PODIA]

Dental Order - Cleaning [DENTCLEAN]

Referral - Bellevue, Dermatology [BELLEDERM]

MH Order - TPR and MH Clinician's Progress Note [TPR]

Medical Order - Annual Physical [ANNUALPHY]

EKG (DI) [0001]

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

General

General Examination Notes: well appearing L axillia approx 2 cm area of induration and tenderness +/- erythema multiple old healed surgical scars to L axillia R axillia clear

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Allergy Review

* **CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

fish derived (Moderate)

lactose (Moderate)

Assessment:

Problem # 1:

Folliculitis (ICD-704.8) (ICD10-L73.9)

L axillia Doxycycline 100 mg by mouth twice a day x 7 d patient education

Summary:

Added new medication of DOXYCYCLINE HYCLATE 100 MG (DOXYCYCLINE HYCLATE) 1 tab by mouth bid; Route: ORAL - Signed

Rx of DOXYCYCLINE HYCLATE 100 MG (DOXYCYCLINE HYCLATE) 1 tab by mouth bid; Route: ORAL #1 x 0; Signed; Entered by: Thomas Schwaner PA; Authorized by: Thomas Schwaner PA; Method used: Handwritten; Note to Pharmacy: Route: ORAL;

Signed By: Schwaner, Thomas at 7/27/2020 4:21:30 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

MH - Mental Health Progress Note

Patient:

PETER RODRIGUEZ

DOB:

11/06/1990

Age:

29 Years Old

Book & Case #:

3491603090

NYSID:

09839298P

Facility:

NIC

Housing Area:

2B

Type of Visit

Type of Visit: In Person

Current Housing

Current housing: GP

Spoken Language

Previous response to Interpreter needed:

No (07/16/2020 9:43:16 PM)

Interpreter needed: No

Mental Status

Orientation: Fully oriented

Appearance: Chronological Age, Normal Weight, Well Groomed, Well Dressed

Behavior: Cooperative, Relates Well, Accessible, Good Eye Contact

Activity: No Abnormal Movements

Speech: Normal Rate, Clear Articulation

Language: No abnormalities observed

Concentration: Adequate

Mood (use patient's own words to describe current feeling state): I'm OK

Affect: Appropriate

Impulse control: Adequate

Thought process: Organized, Relevant

Thought content: No Abnormalities Observed

Perceptual disturbance: No Perceptual Distortions

Memory No Memory Impairment

Suicidal: No Thoughts of Suicide

Homicidal: No Homicidal Thoughts

Judgement: Adequate

Insight: Aware Accepts Treatment



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

Intellectual Functioning

Is there evidence of gross cognitive deficits? No

Suicide Risk Assessment Since Last Visit

1. Since the last visit, have you wished you were dead or wished you could go to sleep and not wake up? (Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.) No
2. Since the last visit, have you actually had any thoughts of killing yourself? No
6. Since the last visit, have you done anything, started to do anything, or prepared to do anything to end your life? No

Violence Risk Assessment

Did you review the violence risk assessment in the Initial Mental Health or Initial Psychiatric Assessment form? Yes

Summarize review: Violent charge notified, hx of violent behaviors towards staff noted in chart

Has the patient engaged in any violent behavior since last contact with mental health? No

Overall Progress Since Last Treatment Plan and Summary of Treatment Session

Please describe overall progress since last treatment plan and summary of treatment session:

Pt is seen in second floor clinic. He engages appropriately and makes good eye contact. He is alert, oriented x3, appropriately dressed, and well groomed. He does not appear to be in acute psychiatric distress, does not appear to be internally preoccupied, and does not evidence delusional thinking or thought disorder. He is future oriented. Pt denies SI, HI, AH, VH. Pt denies having made a confidential allegation and reports no distress. He reports no symptoms at this time.

Diagnoses at this visit: Intermittent explosive disorder

Borderline personality disorder

Alcohol use disorder, mild

Cannabis use disorder, mild

Opioid use disorder, mild

Referrals

Psychiatric medication needed? No

Suicide Watch: No

Civil Discharge documentation required? No

Is this a discontinuation of a Civil Discharge? No

Does the patient want a substance use treatment referral? No

Referral to other programs? No

Disposition/Level of Care

Referral Action: Already Enrolled

Disposition/Level of Care? GP with MH Follow-up Clinician

Signed By: Boyle, Joseph at 7/27/2020 12:32:41 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Appended to : MH - Mental Health Progress Note - 07/27/2020

Latest Book and Case#:

3491603090

Patient Facility:

MDC

DX CORRECTION: REMOVE BORDERLINE

PD\par\sscharaux0\protect0\par\sscharaux1\b Diagnoses at this visit:
\sscharaux0\b0 Intermittent explosive
disorder\par\sscharaux10002\protect Antisocial Personality
Disorder\par Alcohol use disorder, mild\par Cannabis use disorder,
mild\par\ql\plain\fs24\cf0\fs20\sscharaux10002\protect Opioid use
disorder, mild

Signed By: Testa, Amber at 7/29/2020 9:52:58 AM

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

WORK STATUS**Authorizing Provider:** Joseph Boyle MHC**Service Provider:** CHS**Auth Provider NPI:****Signing Provider:** Rose Chan CMHC**Phone:****Phone:****Fax:****Fax:****Patient Name:** PETER RODRIGUEZ**DOB:** Nov 06, 1990**Age:** 31**Home Phone:****Sex:** Male**SSN:****Work Phone:****Cell Phone:****Patient ID:** 23447**Resp. Provider:****Primary Ins:****Secondary Ins:****Group:****Group:****Policy:****Policy:****Insured ID:****Insured ID:****Code**

MHPROGRESS

Description

MH Order - Mental Health

Progress Note

572798-1

Diagnoses**Order Number:****Quantity:** 1**Authorization #:****Priority:****Start Date:** 07/27/2020**End Date:** 07/27/2020**Electronically signed by:** Rose Chan CMHC**Signed on:** 7/27/2020 7:07:28 AM**Instructions:**

CA Referral



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

Normal ECG

Imported By: Angie West Med Rcrds 7/27/2020 12:37:30 PM

External Attachment:

Type: Image
Comment: External Document

Signed By: West, Angie at 7/27/2020 12:38:00 PM

Last: Rodriguez
First: Peter
ID: 3491603090
DOB: 06-Nov-1990
Age: 29yr
Sex: Male

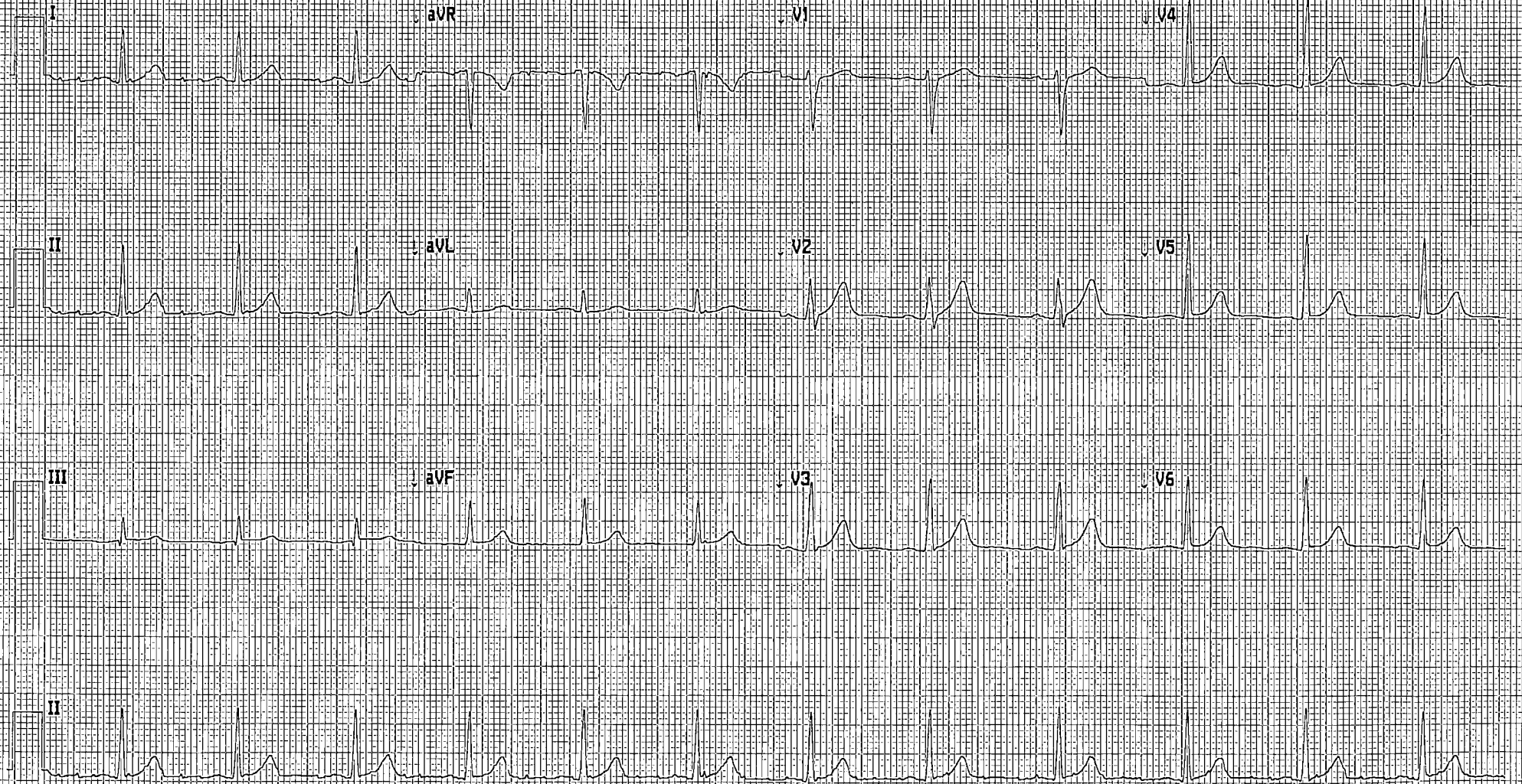
25-Jul-2020 11:33:12

Vent rate 73 BPM
PR int 153 ms
QRS dur 99 ms
QT/QTc 352/378 ms
P-R-T axes 7 45 44

SINUS RHYTHM
NORMAL ECG

UNCONFIRMED REPORT

Handwritten signature



DEF 004008



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

MED - Urgicare Call

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Urgicare Call:

Urgicare Physician: Adam Litroff DO

Referring MD/PA/NP/RN: Desroches

Time of Call: 11:53

Evaluation Completed Using: Phone

Chief Complaint: Patient c/o accidental medication overdose, denied self harm intent, states took 6 unknown "sleeping pills" last night to go to sleep. Normal exam, VS normal (116/75, 80, R18, T98.8, Sat 97%). Ambulatory, neuro in tact. EKG performed and normal NSR, no focal changes. Recommend Fingerstick, otherwise no additional intervention needed at this time, has been over 12 hours since ingestion.

Category: Medical

Urgi Call Initial Disposition: Return to housing from within the facility after consultation with Urgicare

Additional Follow-Up Needed? Follow-up by primary care in patient's facility

Signed By: Litroff, Adam at 7/25/2020 12:36:54 PM

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

TEST FORM

Authorizing Provider: Lionel Desroches MD
Auth Provider NPI: 1003928987
Signing Provider: Lionel Desroches MD
Phone:
Fax:

Service Provider: EKG
Phone:
Fax:

Patient Name: PETER RODRIGUEZ
Home Phone:
Work Phone:
Resp. Provider:

DOB: Nov 06, 1990 **Age:** 31
Sex: Male **SSN:**
Cell Phone: **Patient ID:** 23447

Primary Ins:
Group:
Policy:
Insured ID:

Secondary Ins:
Group:
Policy:
Insured ID:

Code **Description**
0001 EKG (DI)

Order Number: 572240-1
Authorization #:
Start Date: 07/25/2020
Electronically signed by: Lionel Desroches MD
Instructions:

Diagnoses
POISONING BY UNSPECIFIED DRUGS, MEDICAMENTS
AND BIOLOGICAL SUBSTANCES, UNDETERMINED, INITIAL
ENCOUNTER (ICD-T50.904A)
Quantity: 1
Priority: N
End Date: 07/25/2020
Signed on: 7/25/2020 12:00:58 PM

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

WORK STATUS

Authorizing Provider: Lionel Desroches MD
Auth Provider NPI: 1003928987
Signing Provider: Lionel Desroches MD
Phone:
Fax:

Service Provider: CHS
Phone:
Fax:

Patient Name: PETER RODRIGUEZ
Home Phone:
Work Phone:
Resp. Provider:

DOB: Nov 06, 1990
Sex: Male
Cell Phone:
Age: 31
SSN:
Patient ID: 23447

Primary Ins:
Group:
Policy:
Insured ID:

Secondary Ins:
Group:
Policy:
Insured ID:

Code

UNUSUAL

Description

Nursing Order - Fingerstick -
 Unusual (SMD Only)

Diagnoses

POISONING BY UNSPECIFIED DRUGS, MEDICAMENTS
 AND BIOLOGICAL SUBSTANCES, UNDETERMINED, INITIAL
 ENCOUNTER (ICD-T50.904A)

Order Number: 572240-2
Authorization #:
Start Date: 07/25/2020
Electronically signed by: Lionel Desroches MD
Instructions: fingerstick x 1

Quantity: 1
Priority:
End Date: 07/25/2020
Signed on: 7/25/2020 12:00:58 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

MED - Sick Call Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Chief Complaint/Reason for Visit: **states that he took 6 sleeping pills to try to go to sleep**
Hes not sure what pills he took was not intended to hurt himself states he feels
confused

Vital Signs Review

BP: **116/75** Pulse: **80** Pulse Rhythm: **Regular**

RR: **18** Resp Quality: **Regular**

O2 Sat: **97%** T: **98.9F**

Open Orders:

Medical Order - Chronic Care Follow-up [CHRONICFOLLOW]

TPR [MHMIGRATION]

MH Social Work Order - 30/90 Day Follow-Up [3090FOLLOW]

Chem 7 Panel [0768-2]

Hepatic Function Panel [3422-3]

RPR Serology [0142-0]

QFT- TB GOLD PLUS [T814-3]

CT/GC PCR Urine [L344-1]

Referral - Podiatry [PODIA]

Dental Order - Cleaning [DENTCLEAN]

Referral - Bellevue, Dermatology [BELLEDERM]

MH Order - TPR and MH Clinician's Progress Note [TPR]

Nursing Order - Wound Care [WOUNDCARE]

Referral - Mental Health Routine [MHROUTINE]

Medical Order - Annual Physical [ANNUALPHY]

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Allergy Review

*** CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Allergies reviewed:

YES

Assessment:

Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

Problem # 1:

Poisoning by unspecified drugs - medicaments and biological substances - undetermined - initial encounter (ICD10-T50.904A) - New Problem

s/p ingestion of unknown pills ekg done normal neuro exam nl spoke with urgicare will observe for now pt advisd to hydrate himself

Summary:

Added new problem of Poisoning by unspecified drugs, medicaments and biological substances, undetermined, initial encounter (ICD10-T50.904A)

Added new Test order of EKG (DI) (0001) - Signed

Added new Service order of Nursing Order - Fingerstick - Unusual (SMD Only) (UNUSUAL) - Signed

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

General

General Appearance: No Acute Distress, Well-developed, Well-Hydrated, Well-Nourished

HEENT: Head Normocephalic

HEENT: Eyes PERRLA, EOMI

Respiratory

Respiratory Effort: No respiratory distress

Auscultation: Clear to auscultation bilaterally

Percussion: No dullness to percussion

Cardiovascular

Auscultation: RRR, Normal S1 + S2

Gastrointestinal

Abdomen: Soft, Non-tender, Non-distended

Musculoskeletal

Gait & Station: Normal

Neurological

Cranial nerves: Cranial Nerves II -> XII intact bilaterally

Reflexes: 2 + reflexes bilaterally

Sensation: Normal sensation V1 - V3 - bilaterally upper and lower extremities

Strength: 5/5 in all extremities

Cerebellar: Normal finger-to-nose

Movement: No tremor

Mental Status

Judgement & Insight: Good

Orientation: Oriented to person/place/time

Mood & Affect: Euthymic, Responds to questions appropriately, No suicidal ideation, No homicidal ideation, No auditory hallucinations

INT - Step 1 - Vitals

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

Last height (inches): **72 (11/15/2019 5:46:00 PM)** Last Weight: **280 (11/15/2019 5:46:00 PM)**

BP Position: **Sitting**

BP: **133 / 91** mm Hg

Temperature: **98** FbaF

Temperature site: **Oral**

Pulse rate: **80** Pulse rhythm: **Regular**

RR: **16** Respiration Type: **Regular**

Pulse Ox: **99%** Room Air: **Yes**

Signed By: Desroches, Lionel at 7/25/2020 12:11:16 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

NU - Wound Care

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Wound Care 1

Description (Wound 1): Other

Please describe other kind of wound (Wound 1): Left axillary site of mass

Location (Wound 1): Upper Arm

Drainage (Wound 1): None

Wound Bed (Wound 1): Intact

Wound Margins (Edges) (Wound 1): Attached

Pain (Wound 1): None

Patient Information

Disposition: Seen

Additional Patient Documentation: healed, MD Notified.

Wound Care Flowsheet

Signed By: Mangaya-ay, Raul at 7/25/2020 10:36:05 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

MED - Sick Call Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

FAST TRACK

Chief Complaint/Reason for Visit: **seen in rhu rds requesting asthma pump to order ventolin stat**

Vital Signs Review

BP: **116/75** Pulse: **84** Pulse Rhythm: **Regular**

RR: **18** Resp Quality: **Regular**

O2 Sat: **97%** T: **98.9F**

Open Orders:

Medical Order - Chronic Care Follow-up [CHRONICFOLLOW]

TPR [MHMIGRATION]

MH Social Work Order - 30/90 Day Follow-Up [3090FOLLOW]

Chem 7 Panel [0768-2]

Hepatic Function Panel [3422-3]

RPR Serology [0142-0]

QFT- TB GOLD PLUS [T814-3]

CT/GC PCR Urine [L344-1]

Referral - Podiatry [PODIA]

Dental Order - Cleaning [DENTCLEAN]

Referral - Bellevue, Dermatology [BELLEDERM]

MH Order - TPR and MH Clinician's Progress Note [TPR]

Nursing Order - Wound Care [WOUNDCARE]

Referral - Mental Health Routine [MHROUTINE]

Medical Order - Annual Physical [ANNUALPHY]

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Allergy Review

* **CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)

Allergies reviewed:

YES

Assessment:



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

Problem # 1:

Asthma (ICD-493.90) (ICD10-J45.909)

ventolin stat

Summary:

Removed medication of ALBUTEROL 90 MCG / 1 INH (VENTOLIN / PROVENTIL HFA 90 MCG / (ALBUTEROL SULFATE) 2 puffs inhaled STAT, then four times a day as needed Route: INHALATION
Added new medication of ALBUTEROL 90 MCG / 1 INH (VENTOLIN / PROVENTIL HFA 90 MCG / (ALBUTEROL SULFATE) 2 puffs q6h as needed Route: INHALATION Indications: ASTHMA - Signed
Rx of ALBUTEROL 90 MCG / 1 INH (VENTOLIN / PROVENTIL HFA 90 MCG / (ALBUTEROL SULFATE) 2 puffs q6h as needed; Route: INHALATION #app x 0; Signed; Entered by: Lionel Desroches MD;
Authorized by: Lionel Desroches MD; Method used: Print then Give to Patient; Note to Pharmacy:
Route: INHALATION;

Signed By: Desroches, Lionel at 7/25/2020 10:08:48 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

Injury #21-082

Imported By: Angie West Med Rcrds 7/27/2020 2:26:59 PM

External Attachment:

Type: Image
Comment: External Document

Signed By: West, Angie at 7/27/2020 2:27:02 PM



CORRECTION DEPARTMENT

CITY OF NEW YORK



INJURY TO INMATE REPORT

Page 1
of
2 PagesForm: 167R-A
Rev.: 10/3/19
Ref.: Dir. 4516R-D

INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed Investigation to Security.

Command:

N/C

Date:

7/24/2020

COD/UOF #:

Injury #:

FY21-082

TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY):

Inmate Name (Last Name, First Name):

Rodriguez, Peter

Location Where Injury Occurred:

2nd Floor B Tier

Inmate's Housing Area:

2nd Floor B Tier

NYSID #:

09839898P

Book & Case/Sentence #:

3491603090M

Details: On Friday July 24th 2020 at approximately 10:45hrs Inmate Rodriguez, Peter B.C. 3491603090M notified this unit that on July 23rd 2020 he was exposed to Chemical Agents and that the Chemical Agents got in his food to which he consumed. Inmate Claims burning throat.

Supervisor Notified (Print Last Name, First Name, Rank, Shield #):

Capt. McClain #481

Date:

7/24/2020

Time:

10:45 Hrs.

Employee:

☐ (Did)☒ (Did Not)

Witness This Injury:

Employee Full Name (print):

Breeland

Employee Signature:

[Signature]

Rank/Title:

C.O.

Shield/ID#:

8080

TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)

Date of Injury:

7/23/20

Reported for Medical Attention:

Date 7/24/20 1430 Hrs.

Inmate Refused Medical Attention:

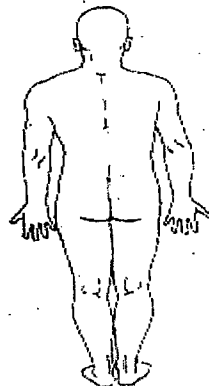
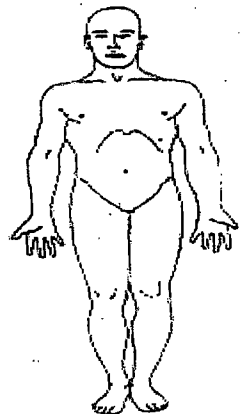
☐ Yes☒ No

Visible Injuries:

☐ Yes☒ No

Nature/Reported Mechanism of Injury:

Mr Rodriguez Peter 3491603090 was seen for Above event
No injury seen when examined
Mr Rodriguez complained of throat pain & After exposure to OC
Spray yesterday.

Medical Staff Must Note
Location of Injury:Serious injuries confirmed during initial evaluation
(Select "Pending - Requires Further Evaluation" if additional testing / imaging / follow-up needed):☐ Laceration requiring sutures, staples or glue (e.g. dermabond)☐ Fracture☐ Clinical Nasal Fracture☐ Dislocation☐ Tendon Tear☐ Amputation☐ Structural injury to organ (e.g. corneal abrasion, hepatic laceration)☐ Post-concussive syndrome or head injury requiring imaging such as CT or MRI☐ Blistering burn involving the face or >9% of total body surface area☒ NO SERIOUS INJURY☐ Pending - Requires Further Evaluation

Treatment: Medication prescribed

Disposition and Transportation Requirements (If applicable):
Please check which apply☐ Urgicare / X-Ray☐ Hospital Transfer:☐ EMS☐ Intra-Departmental Transfer☒ None / Return to Housing Area

Initially Triage/Treated By/Examined By (Print and Sign Full Name):

James Patrick Physician Assistant

Date:

7/24/20

Time:

1505

I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:

Inmate Signature:

Refused to sign

B&C / Sentence #:

3491603090M

Date: 7/24/20

Witnessed By (Signature):

[Signature]

Rank/Title:

Co

Shield / I.D. #:

1137

Date: 7/24/20

DEF 004019



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

ALL - Missed Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Missed Visit Type

Missed Visit type? MH Visit

The following services were missed (MH Visit): Mental Health Progress Note

Missed Visit Comments

Date of scheduled visit? 07/24/2020

What was the reason for missed visit? Not Produced

Missed visit comments: pt refused to be produced, pt will be rescheduled and attempt to address referral

Signed By: Armstead, Tamica at 7/24/2020 8:23:33 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

Form name: MED - Red ID Enhanced Restrnts

Form Obs: MED - Red ID Enhanced Restrnts

MED - Red I.D. Enhanced Restraints

Patient:

PETER RODRIGUEZ

Facility:

NIC

Book and Case:

3491603090

NYSID:

09839298P

DOB:

11/06/1990

Housing Area:

2B

Conducted chart review for Red I.D. evaluation? Yes

Red I.D. - Review of Systems

Red I.D. - Assessment and Plan

Red I.D. - Disposition

Print Red I.D. Form

Click to print Red I.D. Form:

Previous Red ID Evaluation Disposition:

No chemical agents, No stun shield (07/21/2020 1:57:52 PM)

Signed By: McGibbon, Donald at 7/24/2020 6:21:46 PM



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
NIC

SUBJECTIVE

MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Initial Eval / Update

Initial Evaluation? **Yes**

CHS Injury Report

DOC Injury Report available? **Yes**

DOC Injury Report #: **pending**

Injury Date: **07/23/2020**

Injury HPI: **Pt seen for injury report. Pt seen in nad reports was exposed to chemical spray yesterday, states spray got into his mouth, with c/o burning sensation in mouth and throat. No other c/o.**

Event Location: **Housing Area**

Cause: **DOC use of force/alleged attack by staff**

Verified Injury: **Injury by history only**

Did the patient have a blow to the head? **No**

Is there a nasal injury? **No**

Follow-Up Plan: **will order meds, f/u as needed (see note for details)**

OBJECTIVE

NU - Vital Signs

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Current Vital Signs

Last height (inches): **72 (11/15/2019 5:46:00 PM)** Last Weight: **280 (11/15/2019 5:46:00 PM)**

oF

Vital Signs Notes: **reviewed, not checked today due to security concerns - pt with hand and leg cuffs and mitts.**

ASSESSMENT

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Allergy Review

* **CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)



Correctional Health Services

Patient Name:
PETER RODRIGUEZ
NYSID:
09839298P

Latest Book and Case#:
3491603090
Patient Facility:
NIC

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)
Poultry (Moderate)
fish derived (Moderate)
lactose (Moderate)

Assessment:

Problem # 1:

Injury - unspecified - initial encounter (ICD10-T14.90xA)

Pt seen for injury report, c/o burning oral sensation following use of spray yesterday. No findings seen on exam. Will order viscous lidocaine and tylenol. Pt ed given, pt instructed to notify med staff if condition persists or worsens. Plan to continue to f/u.

PLAN

Summary:

Added new medication of LIDOCAINE VISCOUS (LIDOCAINE HCL VISCOUS SOLUTION) (LIDOCAINE HCL) 5mL swish and spit twice a day as needed; Route: MOUTH/THROAT - Signed

Added new medication of ACETAMINOPHEN 325 MG (TYLENOL 325 MG) (ACETAMINOPHEN) 2 tabs (650mg) by mouth twice a day as needed; Route: ORAL - Signed

Rx of LIDOCAINE VISCOUS (LIDOCAINE HCL VISCOUS SOLUTION) (LIDOCAINE HCL) 5mL swish and spit twice a day as needed; Route: MOUTH/THROAT #1 x 0; Signed; Entered by: James Patrick PA; Authorized by: James Patrick PA; Method used: Handwritten; Note to Pharmacy: Route: MOUTH/THROAT;

Rx of ACETAMINOPHEN 325 MG (TYLENOL 325 MG) (ACETAMINOPHEN) 2 tabs (650mg) by mouth twice a day as needed; Route: ORAL #1 x 0; Signed; Entered by: James Patrick PA; Authorized by: James Patrick PA; Method used: Handwritten; Note to Pharmacy: Route: ORAL;

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

General

General Examination Notes: nad, alert, calm, ambulatory, no resp distress

HEENT: Head Normocephalic

HEENT: Notes oral mucosa moist, no erythema, no acute findings seen

Respiratory

Auscultation: Clear to auscultation bilaterally

Respiratory Notes: no stridor

Cardiovascular

Auscultation: Normal S1 + S2

Gastrointestinal

Gastrointestinal Notes: obese, NT

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Disposition



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

Selected disposition: **Return to Current Housing**

Signed By: Patrick, James at 7/24/2020 2:58:21 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Appended to : Injury Report #: pending - 07/24/2020

Latest Book and Case#:

3491603090

Patient Facility:

MDC

SUBJECTIVE

MED - Injury Report

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **MDC** Housing Area: **9S**

Initial Eval / Update

Initial Evaluation? **Injury Update**

CHS Injury Report

DOC Injury Report available in EHR? **Yes**

Original Injury Report #: **082**

Original Injury Date: **07/23/2020**

Injury Determination: Were any of the following present? None of the above (no serious injury)

Signed By: Hasan, Azmat at 7/30/2020 2:39:58 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

NU - Wound Care

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Wound Care 1

Description (Wound 1): Other

Please describe other kind of wound (Wound 1): Left axillary site of mass

Location (Wound 1): Upper Arm

Drainage (Wound 1): None

Wound Bed (Wound 1): Granulation (full thickness)

Wound Margins (Edges) (Wound 1): Attached

Pain (Wound 1): None

Patient Information

Disposition: Seen

Additional Patient Documentation: Wound care done as ordered.

Wound Care Flowsheet

Signed By: Mangaya-ay, Raul at 7/24/2020 2:46:17 PM

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

WORK STATUS**Authorizing Provider:** Tamica Armstead MH Prof**Service Provider:** CHS**Auth Provider NPI:****Signing Provider:** Tamica Armstead MH Prof**Phone:****Phone:****Fax:****Fax:****Patient Name:** PETER RODRIGUEZ**DOB:** Nov 06, 1990**Age:** 31**Home Phone:****Sex:** Male**SSN:****Work Phone:****Cell Phone:****Patient ID:** 23447**Resp. Provider:****Primary Ins:****Secondary Ins:****Group:****Group:****Policy:****Policy:****Insured ID:****Insured ID:****Code**

MHPROGRESS

DescriptionMH Order - Mental Health
Progress Note**Diagnoses****Order Number:**

569560-1

Quantity: 1**Authorization #:****Priority:****Start Date:**

07/24/2020

End Date:**Electronically signed by:** Tamica Armstead MH Prof**Signed on:** 7/22/2020 10:38:27 PM**Instructions:**

CA Referral



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

ALL - Missed Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Missed Visit Type

Missed Visit type? MH Visit

The following services were missed (MH Visit): Mental Health Progress Note

Missed Visit Comments

Date of scheduled visit? 07/23/2020

What was the reason for missed visit? Not Produced

Missed visit comments: Per DOC, pt could not be seen due to ESU/Special Search activity on tier today.

Signed By: Boyle, Joseph at 7/23/2020 3:45:04 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

NU - Wound Care

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Wound Care 1

Description (Wound 1): Other

Please describe other kind of wound (Wound 1): Left axillary site of mass

Location (Wound 1): Upper Arm

Drainage (Wound 1): None

Wound Bed (Wound 1): Intact

Wound Margins (Edges) (Wound 1): Attached

Pain (Wound 1): None

Wound Care Flowsheet

WOUND CARE PERFORMED AS PER MD/PA ORDERS TOLERATED WELL. NO VISIBLE WOUND
PRESENT SKIN INTACT

Signed By: Burrison, Janessa at 7/23/2020 3:33:45 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

MED - Hospital/Infirmary/CDU Return MED - Hospital Return

MED - Hospital/Infirmary/CDU Return

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Specialty Clinic/Returns

Type of Service Received: Specialty

Return Date: 07/22/2020

Returning From: Specialty Clinic

Was the patient hospitalized for Mental Health reasons? No

Reason for admission/visit? MRI of brain without contrast as ordered by on-island neurologist

Summary of admission/visit (including procedure/tests/lab results): Pt had MRI of brain without contrast which was within normal limits.

See scanned report.

Vital Signs

Hospital/Clinic Follow-up

In-facility follow up needed? (nursing, medical, wound, etc.) N/A

Patients meds modified? N/A

Patient has leftover carry meds to be discarded (discuss with patient): No

Patients medication list reconciled and explained: No

Hospital/Clinic Follow-Up (Continued)

Specialist follow up needed? Yes

High acuity, requiring SMD notification? (Notify SMD verbally and route note for review at signing)

No

Requires infirmary housing? No

If needing infirmary housing, contact NIC for pre-admission

Patient problem list updated? N/A

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Allergy Review

* **CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

Allergies reviewed:

YES

Assessment:

Problem # 1:

Headache

MRI without contrast performed as ordered by on-island neurologist to evaluate intractable headaches. MRI was within normal limits. See scanned document for details. F/U with on-island neurologist as scheduled.

Summary:

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Disposition

Selected disposition: **Return to Current Housing**

Signed By: Choleff, Lisa at 7/23/2020 8:45:55 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

MDC

Patient Docs XRay Documents

MRI BRAIN WO CONTRAST

IMPRESSION:

Normal MRI of the brain.

Final report dictated by and signed by Gopi Nayak, MD, 7/22/2020.

SEE ATTACHED REPORT.

Imported By: David Viera PA 9/30/2020 7:45:43 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Viera, David at 9/30/2020 7:46:01 AM

Rodriguez, Peter

DOB: 11/6/1990

MRN: 26314622

MRI BRAIN WO CONTRAST

Order: 44169667

Reading physician: **Gopi Nayak, MD**Ordering physician: **Andrea Bushelle, MD**Performing tech: **Yong Feng, RT**

Supporting Staff:

Performing department: **Bellevue MR Imaging**Study date: **7/22/2020****PACS Images**[Show images for MRI Brain without contrast](#)**Status**

Final

Reason For Exam

Headache, acute, severe, worst HA of life; Kolla,Sai 1/28/2019 11:48:21 AM > 28 yrs old male c/o headaches off nad on. Hx of multiple head injuries. Ref for Mri of brain non contrast. Thanks.

Exam Details

Performed Procedure	Technologist
MRI Brain without contrast	Yong Feng, RT

Appointment

Date/Status

Modality

Department

7/22/2020

Completed

BE MRI AVANTO

BE MR IMAGING

Begin Exam

End Exam

End Exam Questionnaires

7/22/2020 12:42 PM

7/22/2020 12:56 PM

[IMAGING END REMOTE READ](#)
Vitals

Ht

1.829 m (6')

Wt

118 kg (260 lb)

BMI and BSABody Mass Index: 35.26 kg/m²Body Surface Area: 2.38 m²**Results**

MRI Brain without contrast (Order 44169667)

Study Result

CLINICAL INDICATION: Intermittent headaches, worst headache of life, history of multiple prior head injuries.

TECHNIQUE: Multi-planar multi-sequential MR imaging of the brain was performed without intravenous contrast.

COMPARISON: Head CT dated 3/6/2020.

FINDINGS:

DEF 004033

No acute infarction, intracranial hemorrhage or mass.

The ventricles are normal without evidence of hydrocephalus. There are no extra-axial fluid collections. The skull base flow voids are present.

The visualized intraorbital contents are normal. The imaged portions of the paranasal sinuses are clear. The mastoid air cells are clear. The visualized soft tissues and osseous structures appear normal.

IMPRESSION:

IMPRESSION:

Normal MRI of the brain.

Final report dictated by and signed by Gopi Nayak, MD, 7/22/2020 1:29 PM

Scans Related to Order 44169667

[Document on 10/31/2019 0859 by Janie Wilson: RODRIGUEZ, PETER MRI Ref.pdf](#)

Result History

[MRI Brain without contrast \(Order #44169667\) on 7/22/2020 - Order Result History Report](#)

Printable Result Report

[Result Report for Printing](#)

Encounter

[View Encounter](#)

MRI Brain without contrast (Order 44169667)

Imaging

Date: 7/22/2020 Department: Bellevue MR Imaging Released By: Licenni Capellan

Authorizing: Andrea Bushelle, MD

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
07/22/20 08:48 AM	07/22/20 08:48 AM	07/22/20 08:48 AM	7/22/2020

Order Details

Frequency	Duration	Priority	Order Class
As needed	1 occurrence	Routine	Ancillary Performed - External Provider Ordered

Associated Diagnoses

Intractable episodic headache, unspecified headache type [R51]

Collection Information

Collected: 7/22/2020 1:19 PM

Resulting Agency: HHC PS360

Order Provider Info

		Office phone	Pager	E-mail
Ordering User	Janie Wilson	--	--	wilsonj21@nychhc.org
Authorizing Provider	Andrea Bushelle, MD	212-369- 5100	--	bushella@nychhc.org
Billing Provider	Gopi Nayak, MD	844-692- 4692	--	--

DEF 004034

Protocol Summary[Protocol History](#)

Protocolled on 10/31/2019 1:54 PM by Aliou Gueye, PA

Study	Routine
Contrast	Without contrast
Comments	Brain w/o

Reprint Requisition

[MRI Brain without contrast \(Order #44169667\) on 7/22/20](#)

Supplies

Name	ID	Temporary	Type	Charge Code	Description	Charge Code	Quantity
No information to display							

Case Tracking Events

Event	Time In
In Pre-Procedure	
Pre-Procedure Complete	
In Holding Area	
Out of Holding Area	
In Room	
Procedure Start	
REBOA Balloon Deflation Time	
Procedure Finish	
Out of Room	
In Recovery	
Out of Recovery	
In Phase II	
Out of Phase II	
Recovery Care Complete	
Anesthesia Start	
Anesthesia Finish	
Procedural Care Complete	
Phase II Care Complete	
Anesthesia Ready	
Anesthesia Start Data Collection	
Anesthesia Stop Data Collection	

Order Transmittal Tracking

[MRI Brain without contrast \(Order #44169667\) on 7/22/20](#)

DEF 004035



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

ALL - Missed Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Missed Visit Type

Missed Visit type? MH Visit

The following services were missed (MH Visit): Mental Health Progress Note

Missed Visit Comments

Date of scheduled visit? 07/22/2020

What was the reason for missed visit? Not Produced

Signed By: Armstead, Tamica at 7/22/2020 10:37:50 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

ALL - Missed Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Missed Visit Type

Missed Visit type? MH Visit

The following services were missed (MH Visit): Mental Health Progress Note

Missed Visit Comments

Date of scheduled visit? 07/22/2020

What was the reason for missed visit? Not Produced

Missed visit comments: DOC informs pt out to Bellevue for appt

Signed By: Boyle, Joseph at 7/22/2020 3:46:20 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

MED - Sick Call Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

FAST TRACK

Chief Complaint/Reason for Visit: **request refill of skin cream,athletes foot cream and dandruff shampoo**

Vital Signs Review

BP: **116/75** Pulse: **84** Pulse Rhythm: **Regular**

RR: **18** Resp Quality: **Regular**

O2 Sat: **97%** T: **98.9F**

Open Orders:

Medical Order - Chronic Care Follow-up [CHRONICFOLLOW]

Radiology [BELLERADIO]

TPR [MHMIGRATION]

MH Social Work Order - 30/90 Day Follow-Up [3090FOLLOW]

Chem 7 Panel [0768-2]

Hepatic Function Panel [3422-3]

RPR Serology [0142-0]

QFT- TB GOLD PLUS [T814-3]

CT/GC PCR Urine [L344-1]

Referral - Podiatry [PODIA]

Dental Order - Cleaning [DENTCLEAN]

Referral - Bellevue, Dermatology [BELLEDERM]

MH Order - TPR and MH Clinician's Progress Note [TPR]

Nursing Order - Wound Care [WOUNDCARE]

Referral - Mental Health Routine [MHROUTINE]

MH Order - Mental Health Progress Note [MHPROGRESS]

Medical Order - Annual Physical [ANNUALPHY]

MED - Physical Examination

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

General

General Appearance: No Acute Distress

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Allergy Review

*** CARROT (Critical)**



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

FISH DERIVED (FLAVORING AGENT) (Critical)
Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)
Poultry (Moderate)
fish derived (Moderate)
lactose (Moderate)

Allergies reviewed:

YES

Assessment:

Problem # 1:

Athletes foot (ICD-110.4) (ICD10-B35.3)

Problem # 2:

Dandruff (ICD-690.18) (ICD10-L21.0) - New Problem

Summary:

Added new problem of Dandruff (ICD-690.18) (ICD10-L21.0)

Added new medication of TRIAMCINOLONE 0.1% OINT 80 GM (TRIAMCINOLONE ACETONIDE) Apply top bid; Route: EXTERNAL Indications: DERMATITIS - Signed

Added new medication of MICONAZOLE 2% ANTIFUNGAL 30 GM (MICONAZOLE NITRATE) Apply top bid; Route: EXTERNAL Indications: ATHLETES FOOT - Signed

Added new medication of SEBEX SHAMPOO 118 ML (SALICYLIC ACID/SULFUR 2%-2% 118 ML) (SALICYLIC ACID-SULFUR) Apply top every other day for 5minutes to scalp and rinse; Route: EXTERNAL Indications: DANDRUFF - Signed

Rx of TRIAMCINOLONE 0.1% OINT 80 GM (TRIAMCINOLONE ACETONIDE) Apply top bid Route: EXTERNAL #1 x 0; Signed; Entered by: Donald McGibbon PA; Authorized by: Donald McGibbon PA; Method used: Handwritten; Note to Pharmacy: Route: EXTERNAL;

Rx of MICONAZOLE 2% ANTIFUNGAL 30 GM (MICONAZOLE NITRATE) Apply top bid Route: EXTERNAL #1 x 0; Signed; Entered by: Donald McGibbon PA; Authorized by: Donald McGibbon PA; Method used: Handwritten; Note to Pharmacy: Route: EXTERNAL;

Rx of SEBEX SHAMPOO 118 ML (SALICYLIC ACID/SULFUR 2%-2% 118 ML) (SALICYLIC ACID-SULFUR) Apply top every other day for 5minutes to scalp and rinse; Route: EXTERNAL #1 x 0; Signed; Entered by: Donald McGibbon PA; Authorized by: Donald McGibbon PA; Method used: Handwritten; Note to Pharmacy: Route: EXTERNAL;

Signed By: McGibbon, Donald at 7/22/2020 11:01:38 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

NU - Court/Transfer Screening

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Court Date & Time

Court Date: **07/22/2020**

Time: **9:45am**

Symptoms:

NOTE: The symptoms of COVID-19 are fever, cough or shortness of breath.

Screening Questions

Have you been advised that you currently should be in quarantine, isolation, or self-monitoring for the coronavirus by any doctor, hospital or health agency? **No**

Patient's temperature equal to or greater than 100.4? **No**

Does the patient have a cough or shortness of breath? **No**

The above patient does not present with the symptoms and is fit to attend court on the above referenced time and date: **Yes**

Signed By: We, Jonathan at 7/22/2020 10:01:40 AM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

NU - Wound Care

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Wound Care 1

Description (Wound 1): Other

Please describe other kind of wound (Wound 1): Left axillary site of mass

Drainage (Wound 1): None

Wound Bed (Wound 1): Intact

Wound Margins (Edges) (Wound 1): Attached

Pain (Wound 1): None

Patient Information

Disposition: seen

Additional Patient Documentation: wound care done as ordered

Escalation for Non-Production (Notified) : no

CHS Leadership/Operations (Name/Title) : no

DOC Notified (Name/Title) : no

Wound Care Flowsheet

Signed By: We, Jonathan at 7/22/2020 9:54:07 AM

Correctional Health Services

2/1/2022

55 Water Street 18th Fl

New York, NY 10041

Order Form

WORK STATUS**Authorizing Provider:** Tamica Armstead MH Prof**Service Provider:** CHS**Auth Provider NPI:****Signing Provider:** Tamica Armstead MH Prof**Phone:****Phone:****Fax:****Fax:****Patient Name:** PETER RODRIGUEZ**DOB:** Nov 06, 1990**Age:** 31**Home Phone:****Sex:** Male**SSN:****Work Phone:****Cell Phone:****Patient ID:** 23447**Resp. Provider:****Primary Ins:****Secondary Ins:****Group:****Group:****Policy:****Policy:****Insured ID:****Insured ID:****Code**

MHPROGRESS

DescriptionMH Order - Mental Health
Progress Note**Diagnoses****Order Number:**

568164-1

Quantity: 1**Authorization #:****Priority:****Start Date:**

07/22/2020

End Date: 07/22/2020**Electronically signed by:** Tamica Armstead MH Prof**Signed on:** 7/21/2020 10:12:58 PM**Instructions:**

CA Referral

Correctional Health Services
55 Water Street 18th Fl
New York, NY 10041

2/1/2022

Order Form

REFERRAL ORDER

Authorizing Provider: Sai Kolla MD
Auth Provider NPI: 1750457693
Signing Provider: Sai Kolla MD
Phone:
Fax:

Service Provider:

Phone:
Fax:

Patient Name: PETER RODRIGUEZ
Home Phone:
Work Phone:
Resp. Provider:

DOB: Nov 06, 1990
Sex: Male
Cell Phone:
Age: 31
SSN:
Patient ID: 23447

Primary Ins:
Group:
Policy:
Insured ID:

Secondary Ins:
Group:
Policy:
Insured ID:

<u>Code</u>	<u>Description</u>	<u>Diagnoses</u>
BELLERADIO	Radiology	HEADACHE ()
Order Number:	RIECWREF-2484	Quantity: 0
Authorization #:	**** Approved by SMD.	Priority:
Start Date:	07/22/2020	End Date:
Electronically signed by:	Sai Kolla MD	Signed on: 1/28/2019 12:00:00 AM
Instructions:	Kolla,Sai 1/28/2019 11:48:21 AM > 28 yrs old male c/o headaches off nad on. Hx of multiple head injuries. Ref for Mri of brain non contrast. Thanks.	



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

(B H C) BELLERERADIO RADIOLOGY.

Imported By: Amado Toledo Med Rcrds 7/23/2020 11:37:55 AM

External Attachment:

Type: Image
Comment: External Document

Signed By: Toledo, Amado at 7/23/2020 11:38:01 AM

CHS Correctional Health Services

07/21/2020 02:10 PM

Page 1 of 1
Referral Form

Referral Form

Authorizing Provider: Sai Kolla MD

Service Provider:

Signing Provider: Sai Kolla MD

Phone: (347) 774-7000

Phone:

Fax:

Fax:

Patient Name: PETER RODRIGUEZ

DOB: 11/06/1990

Age: 29 Years

Home Phone:

Sex: M

SSN:

Work Phone:

Book and Case: 3491603090

Resp. Provider:

CodeDescriptionDiagnoses

BELLERADIO

Radiology

HEADACHE

Order Number:

RIECWREF-2484

Auth#:

**** Approved by SMD.

Maximum Visits:

0

Start Date:

07/22/2020

End Date:

Duration:

Electronically signed by: Sai Kolla MD .

Signed on:

1/28/2019 12:00:00AM

Reason:

Kolla,Sai 1/28/2019 11:48:21 AM > 28 yrs old male c/o headaches off nad on.
Hx of multiple head injuries. Ref for Mri of brain non contrast Thanks.Exam DONE
7/22/20

DEF 004045

Rodriguez, Peter (MRN 4443620)

B+C # 3491603090

Rodriguez, Peter

DOB: 11/6/1990

MRN: 3609760

MRI BRAIN WO CONTRAST

Order: 44169667

Reading physician: **Gopi Nayak, MD**Ordering physician: **Andrea Bushelle, MD**Performing tech: **Yong Feng, RT**

Supporting Staff:

Performing department: **Bellevue MR Imaging**Study date: **7/22/2020****PACS Images**

Show images for MRI Brain without contrast

Status

Final

Reason For Exam

Headache, acute, severe, worst HA of life; Kolla,Sai 1/28/2019 11:48:21 AM > 28 yrs old male c/o headaches off nad on. Hx of multiple head injuries. Ref for Mri of brain non contrast. Thanks.

Exam Details

Performed Procedure	Technologist
MRI Brain without contrast	Yong Feng, RT

Appointment Date/Status	Modality	Department
7/22/2020 Arrived	BE MRI AVANTO	BE MR IMAGING

Begin Exam	End Exam	End Exam Questionnaires
7/22/2020 12:42 PM	7/22/2020 12:56 PM	IMAGING END REMOTE READ

Vitals

Ht

1.829 m (6')

Wt

118 kg (260 lb)

BMI and BSABody Mass Index: 35.26 kg/m²Body Surface Area: 2.38 m²**Results**

MRI Brain without contrast (Order 44169667)

Study Result

CLINICAL INDICATION: Intermittent headaches, worst headache of life, history of multiple prior head injuries.

TECHNIQUE: Multi-planar multi-sequential MR imaging of the brain was performed without intravenous contrast.

COMPARISON: Head CT dated 3/6/2020.

FINDINGS:

No acute infarction, intracranial hemorrhage or mass.

The ventricles are normal without evidence of hydrocephalus. There are no extra-axial fluid collections. The skull base flow voids are present.

The visualized intraorbital contents are normal. The imaged portions of the paranasal sinuses are clear. The mastoid air cells are clear. The visualized soft tissues and osseous structures appear normal.

Rodriguez, Peter (MRN 4443620)

IMPRESSION:
IMPRESSION:

Normal MRI of the brain.

Final report dictated by and signed by Gopi Nayak, MD, 7/22/2020 1:29 PM

Scans Related to Order 44169667

Document on 10/31/2019 0859 by Janie Wilson: RODRIGUEZ, PETER MRI Ref.pdf

Result History

MRI Brain without contrast (Order #44169667) on 7/22/2020 - Order Result History Report

Printable Result Report

Result Report for Printing

Encounter

View Encounter

MRI Brain without contrast (Order 44169667)

Imaging

Date: 7/22/2020 Department: Bellevue MR Imaging Released By: Licenni Capellan

Authorizing: Andrea Bushelle, MD

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
07/22/20 08:48 AM	07/22/20 08:48 AM	07/22/20 08:48 AM	7/22/2020

Order Details

Frequency	Duration	Priority	Order Class
As needed	1 occurrence	Routine	Ancillary Performed - External Provider Ordered

Associated Diagnoses

Intractable episodic headache, unspecified headache type [R51]

Collection Information

Collected: 7/22/2020 1:19 PM

Resulting Agency: HHC PS360

Order Provider Info

		Office phone	Pager	E-mail
Ordering User	Janie Wilson	--	--	wilsonj21@nychhc.org
Authorizing Provider	Andrea Bushelle, MD	212-369- 5100	--	bushella@nychhc.org
Billing Provider	Gopi Nayak, MD	844-692- 4692	--	--

Protocol Summary: MRI Brain without contrast

Protocol History

Protocolled on 10/31/2019 1:54 PM by Aliou Gueye, PA

Study	Routine
Contrast	Without contrast
Comments	Brain w/o

Protocol Summary: MRI Brain without contrast

Protocol History

Protocol not completed.

Rodriguez, Peter (MRN 4443620)

Reprint Requisition

MRI Brain without contrast (Order #44169667) on 7/22/20

Supplies

Name	ID	Temporary	Type	Charge Code	Description	Charge Code	Quantity
No information to display							

Case Tracking Events

Event	Time In
In Pre-Procedure	
Pre-Procedure Complete	
In Holding Area	
Out of Holding Area	
In Room	
Procedure Start	
REBOA Balloon Deflation Time	
Procedure Finish	
Out of Room	
In Recovery	
Out of Recovery	
In Phase II	
Out of Phase II	
Recovery Care Complete	
Anesthesia Start	
Anesthesia Finish	
Procedural Care Complete	
Phase II Care Complete	
Anesthesia Ready	
Anesthesia Start Data Collection	
Anesthesia Stop Data Collection	

Order Transmittal Tracking

MRI Brain without contrast (Order #44169667) on 7/22/20

Rodriguez, Peter (MRN 4443620) Printed by Lisa M Choleff [6000254] at 7/23/20 8:39 AM

DEF 004048



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

ALL - Missed Visit

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Missed Visit Type

Missed Visit type? MH Visit

The following services were missed (MH Visit): Mental Health Other

Missed Visit Comments

Date of scheduled visit? 07/21/2020

What was the reason for missed visit? Not Produced

Signed By: Armstead, Tamica at 7/21/2020 10:12:24 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

MED - Hospital/Infirmary/CDU Return MED - Hospital Return

MED - Hospital/Infirmary/CDU Return

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Specialty Clinic/Returns

Type of Service Received: Medical

Return Date: 07/21/2020

Returning From: Specialty Clinic

Reason for admission/visit? Pt sent to ENT clinic for FB sensation in left ear.

Summary of admission/visit (including procedure/tests/lab results): Pt seen and examined. He stated that FB sensation was originally noted 2 weeks ago and has since resolved. Examination revealed impacted cerumen in left ear which was removed during this encounter. No further F/U indicated.

Vital Signs

Hospital/Clinic Follow-up

In-facility follow up needed? (nursing, medical, wound, etc.) No

Patients meds modified? No

Patient has leftover carry meds to be discarded (discuss with patient): No

Patients medication list reconciled and explained: No

Hospital/Clinic Follow-Up (Continued)

Specialist follow up needed? N/A

High acuity, requiring SMD notification? (Notify SMD verbally and route note for review at signing)
No

Requires infirmary housing? No

If needing infirmary housing, contact NIC for pre-admission

Patient problem list updated? N/A

MED - Assessment & Plan

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Allergy Review

* **CARROT (Critical)**

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

Allergies reviewed:

YES

Assessment:

Problem # 1:

Impacted cerumen - left (ICD-380.4) (ICD10-H61.22) - Improved

Bullet Assessment: Improved

Cerumen removed during this encounter in ENT clinic and no further F/U indicated.

Summary:

ALL - Disposition

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Disposition

Selected disposition: **Return to Current Housing**

Signed By: Choleff, Lisa at 7/21/2020 3:31:45 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

MED - Indirect Encounter Note

Reason: **DOC requested chart review for contras**

Note: **Pt with H/O asthma, therefore, DOC informed that OC spray and stun shields may not be used.**

New Rx, New Orders, New Allergies, New Problems

MED - Security Considerations

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **2B**

Magnetometer Alert

Restraint Modifications

Previous Restraint Modifications:

Front cuff only, Allow access to self administered medication, No chemical agents, No stun shield, No Rear Cuff, No Rear Cuff or Mitts (07/18/2020 1:18:03 PM)

Restraint Modifications (during this update): No chemical agents, No stun shield

Signed By: Choleff, Lisa at 7/21/2020 1:59:20 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

Psoriasis (ICD-696.1) (ICD10-L40.9)
 Tinea (ICD-110.9) (ICD10-B35.9)
 Tinea capitis (ICD-110.0) (ICD10-B35.0)
 Food allergy (ICD-V15.05) (ICD10-Z91.018)
 Tinea pedis (ICD-110.4) (ICD10-B35.3)
 Ankle pain, right (ICD-719.47) (ICD10-M25.571)
 Dry eye (ICD-375.15) (ICD10-H04.129)
 Aphthous ulcer of mouth (ICD-528.2) (ICD10-K12.0)
 Seasonal allergies (ICD-477.9) (ICD10-J30.2)
 Unspecified cyst of jaw
 Heartburn
 Other hydrocele
 Mild persistent asthma with (acute) exacerbation
 Lactose intolerance, unspecified
 Other seborrheic dermatitis
 Borderline personality disorder
 Unspecified asthma with (acute) exacerbation
 Sprain of interphalangeal joint of right middle finger, initial encounter
 Cervicalgia
 Cyst of jaw NOS
 Gastritis, unspecified, without bleeding
 Body mass index (BMI) 35.0-35.9, adult
 Dental caries, unspecified
 Dental Class I Extractions Indicated
 Suicidal ideations
 Dental caries on pit and fissure surface penetrating into dentin
 Antisocial personality disorder
 Contusion of unspecified ear, initial encounter
 Contact with and (suspected) exposure to tuberculosis
 Opioid abuse, uncomplicated
 Cannabis dependence, uncomplicated
 Cocaine dependence, uncomplicated
 Alcohol abuse, uncomplicated
 Cannabis abuse, uncomplicated
 Cocaine abuse, uncomplicated
 Cocaine abuse, in remission
 Borderline personality disorder
 Gastritis, unspecified, without mention of hemorrhage
 Pure hyperglyceridemia
 (Positive QFT) Nonspecific reaction to cell mediated immunity measurement of gamma interferon antigen response with
 Diarrhea, acute (ICD-787.91) (ICD10-R19.7)

Patient's Active Medications:

TRIAMCINOLONE ACETONIDE 0.025 % EXTERNAL OINTMENT (TRIAMCINOLONE ACETONIDE)
 apply topically spairingly to nape of neck twice a day on weekends only (sat and sunday); Route:
 EXTERNAL
 MICONAZOLE 2% ANTIFUNGAL 30 GM (MICONAZOLE NITRATE) apply to webs of toes twice a day,
 Route: EXTERNAL



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

ALBUTEROL 90 MCG / 1 INH (VENTOLIN / PROVENTIL HFA 90 MCG / (ALBUTEROL SULFATE) 2 puffs inhaled STAT, then four times a day as needed Route: INHALATION
AMLODIPINE BESYLATE 5 MG (NORVASC 5 MG) (AMLODIPINE BESYLATE) take one tab by mouth daily x 90 days; Route: ORAL
FLUTICASONE/SALMETEROL 250-50 MCG 1 INH (ADVAIR DISKUS 250-5 (FLUTICASONE-SALMETEROL) 1 inhalation twice a day; Route: INHALATION

Heat Sensitivity Decision:

Patient requires heat sensitive housing? Yes

MED - Special Considerations

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **3D**

Special Considerations

Heat Sensitivity? MED - Heat Sensitivity

Therapeutic Diet Recommendation? Yes

Form Name MED - Transfer Chart Review

Form Obs: MED - Therapeutic Diet Rec

MED - Therapeutic Diet Recommendation

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **3D**

Previous Therapeutic Diet Order**Previous Therapeutic Diet Order:**

Regular Diet (Heart Healthy) [default] (09/03/2019 2:33:36 PM)

Date previous Therapeutic Diet Order expires

02/11/2021 (02/11/2020 1:48:01 PM)

Patient's Vital Signs**Patient's Lab Values**

Date this Therapeutic Diet Order starts: 07/01/2020

Date this Therapeutic Diet Order expires: 10/29/2020

Patient's known/documented allergies:

* CARROT (Critical)

FISH DERIVED (FLAVORING AGENT) (Critical)

Clindamycin (CLINDAMYCIN HCL CAPS) (Moderate)

Poultry (Moderate)

fish derived (Moderate)

lactose (Moderate)



Correctional Health Services

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Therapeutic Diet Order: Regular Diet (Heart Healthy) [default]

Special instructions regarding above selected diet: Please avoid adding carrots/ seafoods/ poultry to patient's tray for medical reasons.

PLEASE GIVE PATIENT SOY MILK

In-person consultation request for: Soy Mild and substitute diet. Please avoid adding carrots/ seafoods/ poultry to patient's tray for medical reasons. and obesity

Signed By: Walker, Curt at 7/1/2020 7:13:02 PM



Correctional Health Services

Patient Name:

PETER RODRIGUEZ

NYSID:

09839298P

Latest Book and Case#:

3491603090

Patient Facility:

NIC

MED - Indirect Encounter Note

Reason: **DOC requested chart review for contras**

Note: **Pt with asthma, therefore, OC spray is contraindicated.**

DOC informed

New Rx, New Orders, New Allergies, New Problems

MED - Security Considerations

Patient: **PETER RODRIGUEZ** DOB: **11/06/1990** Age: **29 Years Old**

Book & Case #: **3491603090** NYSID: **09839298P**

Facility: **NIC** Housing Area: **3D**

Magnetometer Alert

Restraint Modifications

Previous Restraint Modifications:

Front cuff only (05/07/2020 6:03:45 PM)

Restraint Modifications (during this update): No chemical agents

Signed By: Choleff, Lisa at 6/17/2020 9:35:43 AM